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COMMUNICATIONS.

COMPLICATED FORM OF TYPHOID FEVER.

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We had in this vicinity, and in several other localities of this State, during the last half of 1880, a disease which was epidemic, and I claim, contagious. Scarcely any two physicians agree in regard to its proper diagnosis or treatment. The St. Louis *Courier of Medicine* speaks, no doubt, of the same disease in that locality. The Board of Health of the city of St. Louis, sending out about five hundred circulars to the physicians of the city and vicinity, inviting their opinion relative to a form of continued fever observed in their localities during the past summer and autumn, some sixty-eight responses were received up to January 1st. These replies were carefully sifted by a committee appointed for that purpose. In a report of nearly two hundred cases but five deaths are noted. In this particular there is a dissimilarity with the disease in this locality, for about ten per cent. ended fatally. So wide a difference could not have resulted in the treatment of the cases reported, but more probably from the absence of malarial toxæmia, which, as a rule, complicates most every form of disease in this section, while in the city of St. Louis, from where the vast majority of these cases was reported, the malarial element could not possibly have been so prevalent. A great many practitioners spoke in relation to the difficulty experienced in making a satisfactory diagnosis, and it was variously spoken of as epidemic, specific typhoid fever, remittent fever, approaching the typhoid form, a typho-malarial type of the severest kind, bilious typhoid fever, and by various other names, showing the wide difference of opinion in regard to the nomenclature of the malady. In regard to the treatment recommended in these reports there was no uniformity, but the treatment which seemed to have been attended with the most satisfactory results was the expectant plan, *i. e.*, as little active medicine as possible. As to the value of antiperiodics, various opinions were given, some claiming they were of use and others that they were detrimental.

In the October meeting of the St. Louis Medico-Chirurgical Society Drs. Robinson, Moses, Prewitt and others called attention to a peculiar form of continuous fever, apparently beginning as a remittent, but passing into a persistent febrile state, in which quinine was of no benefit, but seemed to produce an undesirable quininism. The cases reported by this Society mostly recovered by a placebo treatment and light diet. I was unfortunate enough to have under my charge the first case of this disease in this locality, and it was soon followed by others in such a manner as to prove to me not only its epidemic character but its contagiousness, and I willingly admit that for a time I was at a loss for a satisfactory diagnosis, and after arriving at a conclusion myself I could not convince, in all cases, my brother practitioners as to its correctness. I will now proceed to give a clinical history of the first case in this region.

Mr. J. A., age 30 years, a farmer, married three years, family history good, and his previous health always excellent, was taken on the evening of July 16th with severe headache and back-

ache, accompanied with cold sensations. July 17th, A.M., felt better; went to town, thirteen miles, with a load of wheat, but grew worse on the road, and was scarcely able to get back home, as he was suffering severely with headache and pains in his limbs and back.

July 17th. No better, and patient of his own accord took a large dose of sulph. mag., which caused profuse catharsis.

July 19th, P.M. I was sent for and received the above history; found the patient suffering with severe head and back ache, and considerable pain in knee joints, tongue covered with a yellowish fur, but rather red around the edges. Temperature 103, pulse 90, full and compressible; no vomiting, but considerable nausea. I then considered the case a severe attack of remittent fever with an unusually slow pulse for a temperature of 103, and the pain confined to the knee joints, being out of the usual order of things in remittent fever, which, by the way, is a very common disease in this region.

Treatment.—I gave a dose of comp. cathartic pills, to be followed in twelve hours with a seidlitz powder, and left the following:—

1. ℞. Sulph. cinchonidiæ, gr. xl
Calv. ipecac. comp., gr. xxx. M.
Ft. Chart. No. x.
SIG.—One every two hours.

2. ℞. Potassii bromidi, ʒ ij
Morphiæ sulph., gr. ij
Spts. aeth. nit.,
Aquæ, āā ʒ j. M.
SIG.—Teaspoonful between each powder, until patient's head and back was better or he slept.

Advised cold cloths to head and frequent bathing of the surface while fever was up.

July 20. A.M., temp. 104, pulse 80, tongue about the same, head and back some better. A good deal of nausea, but had not vomited; had now taken forty grains of cinchonidia; bowels had not moved, appetite entirely gone, but he had rested well through the night. The cinchonidia and Dover's were continued every three hours; bromide mixture ceased, as patient thought that was what made him so sick. I gave him in its place a teaspoonful of a solution of chlorate of potassa, and five minims tincture digitalis between his powders, while awake; gave the second seidlitz and ordered same repeated every two hours till bowels moved; continued sponging of the surface with cold water; light diet, principally milk.

July 21, A.M., temperature 104; pulse 76; coat on tongue lighter, headache better, but quininism present, causing a roaring in the ears, and a swimming sensation when raising the head; some little cough; patient had blown some blood out of his nose, which was unusual with him. I found for the first time, this morning, some tympanites; the bladder was distended with urine, patient not having passed any for twelve hours, although having a desire to do so. I could find no iliac tenderness, no enlargement of the spleen, although I searched persistently for these symptoms, as by this time I began to doubt my diagnosis of remittent fever; here was the second day of a steady fever of 103 to 104°, and the patient had taken now about eighty grains of sulphate of cinchonidia, with not even a remission. The patient's bowels had moved three times from the two doses of seidlitz powders; back but little painful; knee joints better, but hip joints somewhat painful now, and some pain in shoulder joints, but there was no swelling, tenderness, redness or pain on moving these joints; nor had there been, although there had been pain from the knee joints up to the shoulders simultaneously on both sides; skin moderately dry only when much nausea.

Treatment.—Hot cloths applied to lower part of the abdomen and changed frequently, which enabled patient to empty the bladder in about half an hour. A mustard plaster over stomach till considerable redness produced, or free from nausea; other treatment continued.

July 21, 10 P.M. A messenger informed me that patient was troubled with retention, having passed but little urine since morning. I did not go to see the case, but directed the application of hot cloths, and if that did not succeed, hip baths.

July 22d, 7 A.M. Temperature 103½; pulse 72, full; skin a little more moist; tongue still coated; patient has been relieved of the retention. I found no tympanites or iliac tenderness this morning; the patient had taken a seidlitz powder yesterday evening, which had moved bowels two or three times; the discharges were thin and yellowish, but not very offensive; no pain in head, back, or joints, but still considerable tinnitus aurium; he had now taken about 120 grains of sulph. cinchonidia, and no remission yet. He had had a slight attack of epistaxis, but no roseola discoverable. Tonic doses of sulph. cinchonidiæ were ordered, with a quarter grain of ipecac. every four hours; tr. digitalis discontinued, and I gave ten drops of tr. gelseminum in chlor. potassæ solutions between each dose, while he was awake. Positive orders were given for him to be nourished regularly on light diet, milk, broths, poached eggs, etc.; sponge baths continued as before.

July 23d, 7 A.M. Temperature 102½, pulse 72,

and weaker; tongue still lightly coated, but moist; throat a little dry at times. Bowels had moved frequently since my last visit: discharges thin, yellow and offensive; no hemorrhage; considerable torpor and tenesmus. Patient was given no treatment for diarrhœa, as I had left no remedies, the bowels heretofore being costive. I found the bowels quite tender, with some tympanites: no further trouble with bladder. Patient was somewhat delirious last night, for the first time, and has been somewhat drowsy this morning, but rational and easily aroused when spoken to; no appetite and no great amount of thirst. Powders of subnit. bismuth and opium were given, to control diarrhœa, turpentine stupes to the bowels, and sulph. cinchonidiæ with Dover's every four hours, alternated with sol. chlor. pot., teaspoonful doses.

July 23d, 2 P.M. Temperature 104, pulse 80; bowels checked and my friend Dr. G. was then called in; his diagnosis was simple remittent fever, to which I could not now agree, as I considered the case decidely in a typhoid condition if not strictly typhoid fever, for which I was in favor of the expectant plan of treatment. But as the doctor was my senior, by about twenty years, I very reluctantly gave my consent to the following treatment:—

Three powders, each containing 3 grs. calomel, 5 grs. of sulph. cinchonidia, 4 grs. of Dover's, one to be given every six hours, and twenty drops of fl. ext. jaborandi twice between each powder, in a teaspoonful of a solution of chlor. potassæ; continued bathing with tepid water till diaphoresis should take place.

July 24th. Temperature 102, pulse 90 and weak, bowels moving involuntarily in bed; he had taken the last mercurial at 5 A.M.; at 10 P.M. yesterday patient had two free actions from bowels, then at 3 A.M. they had commenced again, and had been moving involuntarily since. He had sweated profusely during the night, with some little flow of saliva, and was extremely prostrated. I had patient cleansed from head to foot, stopped all treatment except what was directed to control bowels, which were checked with an enema of starch water and tr. of opium; gave eggnog, with as much whisky as he could swallow.

July 24th, 2 P.M. Temperature 104½, pulse 90, and weak; continued active stimulation, with hot cloths to bowels, which were now very tympanitic; gave opium and bismuth to keep them under control, and tonic doses of sulph. cinchonidiæ every four hours.

July 25th, 7 A.M. Patient appeared better. Temperature 102, pulse 90; had rested well during night; somewhat delirious this morning; bowels had moved but twice in the last twenty-four hours; kidneys acting tolerably free, urine porter color. 9.30 A.M. Again met counsel. The temperature had fallen, in two hours, from 103½ to 100; pulse of fair strength.

Treatment.—5 grs. of sulph. quinine every three hours, immediately followed by lemon juice and whisky, and between each dose a teaspoonful of a solution of chlor. potassa, containing a little spts. nitre, this followed by eggnog and whisky, free stimulation being still required. Regular and frequent cold sponging; mustard to stomach, to control nausea.

From this time to August 7th the case was apparently running along without improvement; in fact, it seemed at times as if he was moribund; his extremities would become cold and clammy, great drops of sweat would stand on his head and face, he would lose control of his sphincters, but by the use of plenty of alcoholics and a strong, easy digested diet, with a tonic treatment, the symptoms were met as we thought they required.

We had from the beginning of this case laid great stress on the importance of regular nourishment night and day, and it was well we did, for it was not until the fifty-first day of his illness that there was anything like steady improvement, the temperature in the meantime varying from about 100 to 103, but on a few mornings as low as 98½ for an hour or so; most of the time the patient sweated very freely, saturating his clothes and bed, both of which were changed every morning. A strong liquid diet was given about every four hours, night and day; bowels were bathed a few times with tincture of iodine. The tenderness at the last of his illness became circumscribed over the right iliac region, there forming a movable tumor simulating a perityphlitic abscess, in which, on two occasions, we fancied we could detect fluctuation and aspirated with Dieulafoy's aspirator, but succeeded in withdrawing but a small amount of a serous sanguineous fluid, but considerable gas, and the tumor gradually disappeared.

The patient was able to sit up a little on the fifty-sixth day of his illness, and after a protracted convalescence made a perfect recovery.

This is a long, but still a limited history of the first case of this fever in this locality, which formed a nucleus for quite a general epidemic in which all the first cases occurred in those parties who visited and nursed the case in question, to wit:—

On August 6th, Mr. O. A., aged about 25,

brother of the case reported in detail, was taken with about the same symptoms: head and back ache, continued fever, with evening exacerbations, pulse below 100, profuse sweating, tympanites, slight epistaxis, ochre-colored and offensive stools, and profuse hemorrhage from the bowels on two or three occasions; convalescent Sept. 7th.

August 12th. Mrs A., mother of the last two and two following cases, was taken with about the same symptoms and lived about two weeks.

Miss A., aged about 20, was taken August 15th; lived seven or eight days.

Ira A. was taken August 19th; convalescent September 7th.

These cases were in attendance upon case No. 1 more or less, until they were taken, being the mother, brothers and sisters. They were attended by my friend Dr. G., but they were under my immediate observation; and I saw them in counsel with him two or three times.

The next cases were with case No. 1 as nurses and visitors frequently, and were attacked as follows:—

M. C., æt. 20, brother-in-law, August 7th. Mrs. C., mother-in-law, August 10th. James R. and wife, brother and sister in-law, August 20th.

These cases all recovered after a continued fever of from fourteen to twenty-eight days, with symptoms similar to the first case, and were all family relations.

Outside of the family, but in those who acted as nurses for the first attacked, we had fourteen more cases, most of which were under my care, and I had no case but what had been with the first attacked. There was in the neighborhood perhaps a dozen more cases under the treatment of Drs. P. and P., but the symptoms and course were the same. I was fortunate; I lost but one case in those I treated, and that was a child of a tubercular diathesis, who, after a severe attack of the fever in question, took tubercular meningitis, from which she died during this epidemic. We still had cases of remittent fever, from which it was perplexing to make a diagnosis, and I settled down on about the following treatment, from which I claim as good or better results than the majority of physicians had.

Some of these cases would be taken suddenly, while others would have a prodromic stage of several days. But I invariably commenced my treatment by giving from thirty to sixty grains of cinchonidia, in divided doses, in the first twelve hours after being called, with a cathartic (not a *mercurial one*) if needed. With some Dover's added to the cinchonidia, if in any particular pain or restlessness at the end of twenty four hours. If remittent fever, we would at least have a decided remission, but if not, and the symptoms continued, perhaps, with more tympanites and a pulse of seventy to ninety, while we had a temperature of 102½ to 105, with considerable sweating, hypercatharsis of offensive yellow discharges, we justly concluded we had this continued fever to contend with, which I treated rather on the expectant plan; bathing the patient with water and vinegar of a temperature that felt pleasant to the patient, whenever the thermometer indicated a temperature of 103 and over; a slop diet, poached eggs, milk, animal broths, etc. I would apply turpentine stupes, followed by cloths wrung out of hot hop tea, when much tympanites, or tenderness, and would give a teaspoonful of turpentine emulsion, containing from five to ten drops of turpentine, every four hours. I directed patients to always pass wind from the bowels, when so inclined; if bowels did not move every forty-eight hours, I moved them with an emulsion of castor oil and turpentine; if too active I used subnitrate of bismuth and tannin, or opium and acetate of lead, with enemas of tr. opii in starch water, using the second remedies if the first did not succeed. I gave regularly tonic doses of quinine every four hours, with Dover's added, if indicated by pain, want of sleep, or restlessness. I followed each dose with about twenty-five minims of dilute nitro-muriatic acid, sweetened and flavored with a little oil of lemon dissolved in alcohol, this, ice-cold, was a pleasant drink to the patient, cooling, and dissolved the quinine just taken, and no doubt exerted a good effect on the disease in question. This treatment, with due attention to cleanliness, fresh air, and the regular administration of nourishment, with stimulants, if required, and some cases needed them towards the end of the disease, while others required none at all. To the first case reported we had to give it early in the disease, but I am inclined to think it was required to support the patient over the continued active treatment, rather than the requirements of the disease. It being the initial case, we continued to try to abort it, till we nearly aborted our patient.

In some of these cases we found a few red spots on the breast and back, but in the majority of the cases none were observable. A little bronchitis in most of the cases, also enlargement of the spleen.

In conclusion, I would state, that in my opinion, based from my library more than experience, this disease was a type of typhoid fever, and

this incomplete report of cases proves its communicability from one to another, which is at present a question sub judice in the minds of the learned lights of the profession. I have done my best to curtail this report, but although incomplete, its length has far extended the limits first intended. No autopsies could be had.

PREVENTION OF VESICAL CALCULUS.

BY W. S. ROSS, M.D.,

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The great aim at the present age is to prevent as well as cure disease.

Boards of Health have been established all over the country, for the purpose of improving the health of our citizens. It is a noble movement, and should receive the sanction of all health-loving people. He who cures disease is a great benefactor of the human race, but he who prevents disease is a greater one. There is no disease to which the human family is liable that causes more intense suffering than a stone in the bladder. This disease may, in nine cases out of ten, be prevented if known to exist in the first stage. The urine in the first stage of this disease contains crystals of uric acid or the phosphatic, etc.

If uric acid crystals are in the urine before it gets cold, or within six hours thereafter, the patient is liable to have a stone form in the bladder, with all its train of symptoms.

This can be ascertained by the use of the microscope. This known, remedies can be used to neutralize and eliminate the same from the system. The treatment of such cases had always been very unsatisfactory until the use of the microscope and other means were devised. The microscope will reveal the fact that there is material in the excretion to form gravel, and unless removed, it will produce a stone. With the instrument I have devised, and the microscope, a stone should not be allowed to form in the bladder. With this instrument the bladder can be so thoroughly washed out with medicated water that it would be impossible for a stone to form. It will throw a continuous current of water through the bladder, and wash out all foreign substance that will enter the inlet of the instrument. With this instrument all diseases of the bladder can be successfully treated. The formation of stone in the bladder can be prevented, and stone removed, by the timely use of this instrument. I have said before, and I say again, that the time is not far distant when lithotomy will be a thing of the past. The operation of lithotrity while the stone is small, and this instrument to prevent the formation of stone, will supersede it.

I have met with quite a number of such cases, in my practice, both in the male and female. I will give one case for an illustration.

I was called to see Mrs. N., 39 years of age, the mother of nine children, the youngest five years of age. I found the patient very anæmic and an intense sufferer from her bladder. She stated to me that she has been suffering with her bladder for nearly four years. She has passed a great many gravel, from the size of a pea to mere sand. Her suffering has been increasing, and calls to micturate have become more frequent and painful; at the present time nearly every fifteen minutes. On examination of the urine that she passed during the night, I found it very scanty (not more than 64 c.c.), high colored, and containing clots of blood and a quantity of mucus. It also contained gravel. On examination under the microscope, I found triple phosphates and bacteria in abundance. This ascertained, I tried several substances in the urine, particularly acids, in order to see what would destroy bacteria, and at the same time dissolve the gravel. I found that 0.666 c.c. of nitric acid to 8 c.c. of urine would partially destroy them and neutralize the alkali. I found that 1.333 c.c. of sulphurous acid to 8 c.c. of urine would destroy them, but would not neutralize the alkali. I also found that 0.033 gm. of sulph. quinia would destroy bacteria. This ascertained, I, on the 16th day of May, 1881, washed out the patient's bladder with warm acidulated water, about equal to normal urine. The patient was thoroughly under the influence of chloroform, and I examined thoroughly, with the sound, for stone, but could not detect one, but a semi-solid mass. The patient suffered considerable pain. I ordered opium and directed her bowels kept open with saline cathartics, and to take the following mixture every three hours:—

℞.	Citratis potassæ,	16.gm.	
	Tr. buchu,	32 c.c.	
	Aquæ puræ,	32 c.c.	M.

Sig.—Teaspoonful as directed above.

The patient's bladder has been washed out every day with warm acidulated water, since the treatment was begun. After a few days' treatment the pain subsided very much. The urine is still alkaline, and contains but little mucus, and slightly colored with blood. A very few gravel have passed during the last few days.

May 26th. On visiting her this morning, I asked her how she felt. She remarked: "Doc-

tor, I don't know whether I am better or not, but I slept all night, a thing I have not done for two years. Didn't you give me something to make me sleep." I said no. She then said: "I must be better." The patient passes about 512 c.c. of urine during the night, and the same quantity during the day. It has cleared up very much. On examination of the urine to-day, under the microscope, there were a few bacteria to be seen, and but little colored.

May 27th. Patient suffered more last night than she has for some days. Her bowels were constipated and she took cathartic pills, which acted once, and relieved her very much. The urine passed through the night was scanty and high colored, and contained some mucus and clots of blood. I washed out the bladder with warm acidulated water. On testing the water that passed through the bladder, I found it to be alkaline, although acidulated water had just passed into the bladder, showing conclusively that not enough acidulated water had been passed through the bladder to neutralize the alkaline substance contained therein. I examined several pieces that were washed away from the bladder this morning, and found triple phosphate crystals.

May 28th. The patient rested well through the day and night. Calls to micturate not more than half as often as a week ago. She has appetite; took beef steak for breakfast. Urine, on examination, is found high colored; passed 512 c.c. and it contained no blood clots, but some mucus. I washed out the bladder with acidulated warm water; passed over 256 c.c. through the bladder, which brought away several small gravel. On testing the water that passed through the bladder I found it slightly acid, the first time since the treatment was begun. On examination of the gravel passed this morning I found them to be triple phosphates. Continued treatment.

May 29th. Patient passed 512 c.c. urine during the last twelve hours, no blood, but some mucus, not so high colored. The patient was called to micturate twenty-one times during the last twenty-four hours, and her suffering is very much mitigated. Appetite good. I ordered nitro-muriatic acid bath for her feet and legs, to be used every night, and continued twenty or thirty minutes. I washed out the bladder this morning with warm, acidulated water, which returned acid, bringing with it considerable gravel. Continued former treatment.

May 30th. The patient passed a comfortable day. Voided 512 c.c. urine during the day, and 640 c.c. during the night, with but little pain attending the passage, and none after. On washing out the bladder this morning, very little mucus followed, and no gravel. The water returned acid. Continued treatment.

May 31st. The patient passed 512 c.c. of urine during the last twenty-four hours. Sp. gr. 1.022. Contains no blood, but some mucus. Voided urine seventeen times during the last twenty-four hours; still alkaline, but no gravel passed. I washed out the bladder as above. No gravel passed. Continued treatment.

June 1st. The patient voided urine nine times during the day and six times during the night. Passed 1056 c.c. during the last twenty-four hours. Sp. gr. 1.021. On examination of the urine there was no gravel, but it was strongly alkaline and contained bacteria.

I washed out the bladder this morning as usual, but no mucus or gravel passed. The water returned acid. The above treatment was continued.

June 2d. Patient voided 1088 c.c. of urine at fifteen micturitions during the last twenty-four hours. She slept well during the night. Bowels keep regular without cathartics. Omitted washing out the bladder this morning. Continued treatment.

June 3d. The patient voided 1024 c.c. of urine during the last twenty-four hours. Was called to micturate fifteen times; suffered but little pain. The urine contained some mucus and still alkaline. Omitted washing out the bladder this morning. Continued treatment.

June 4th. The patient voided urine twenty-one times during the last twenty-four hours; passed 1056 c.c.; no blood, but little mucus, no gravel. I washed out the bladder as usual this morning; no gravel passed. Still alkaline, but very much improved in general appearance. On examination of the urine drawn off with the catheter there were very few bacteria to be seen. Continued treatment.

June 5th. The patient had a good night's sleep. Voided 1024 c.c. of urine at sixteen micturitions during the last twenty-four hours. It contained a few bacteria, and is still alkaline. She has a good appetite, and her bowels keep regular without cathartic medicine; passed a few small gravel. I washed out the bladder this morning, and it contained no blood, but a little mucus. Continued treatment.

June 6th. The patient voided urine four times yesterday and six times last night. Passed 1056 c.c. of urine during the last twenty-four hours. Very little pain attending it; but little mucus and blood. No gravel. I drew off with

the catheter 32 c.c. of urine; it was clear and contained a few bacteria, also a little mucus; no blood. I washed out the bladder with warm acidulated water, and it passed out almost as clear as when it went in, except a few shreds. Her bowels keep regular; appetite good. She walked out several hours yesterday. Continued treatment.

June 7th. Patient suffered considerable pain yesterday and last night. Passed but little urine during the last twenty-four hours; high colored. Passed some gravel. She attributed her suffering to too much exercise on yesterday. I omitted washing out the bladder this morning, on account of the soreness of the bladder.

I put her on the following prescription:—

℞. Iod. pot., 0.30 gm.
Acetatis potassæ, 1.00 gm.
Sig.—In water every four hours.
Also—
℞. Pulv. Dov., 0.50 gm.
as required, to relieve pain.

June 8th. The patient rested well after taking one dose of Dov. and potassium mixture. She went several hours without voiding urine, and when she did, it caused very little pain, and she passed 256 c.c. of clear urine. Micturated only three times during the day, and twice during the night. It contained but little mucus and no blood. She slept nearly all night. I drew off with the catheter 32 c.c. of urine; it contained no mucus, but a little pinkish color from blood. On examination, I found it alkaline, and it contained bacteria. I washed out the bladder as usual, and a quantity of phosphates were washed away. Continued treatment.

June 9th. The patient suffered some pain yesterday; passed urine nine times during the day; quantity 256 c.c.; passed urine during the night seven times; quantity 92 c.c.; it contained mucus and gravel. I washed out the bladder as usual this morning, and a quantity of phosphates came away. Continued potassium mixture and acid foot-bath.

June 10th. Patient voided 640 c.c. of urine during the day, with but little pain. Urine still alkaline. I washed out the bladder as usual this morning, and some gravel and clots of blood passed. Patient took but one dose of anodyne during the last twenty-four hours; not necessary.

June 11th. Patient voided 640 c.c. of urine during the day, and 512 c.c. during the night. Suffered some pain in micturition; passed a quantity of triple phosphates, no blood and but little mucus. I collected the deposit of phosphates and dried and weighed it; 0.800 gm. Of course fully half was lost in collecting. I omitted washing out the bladder this morning. I put her on 0.30 m. nitric acid in 2 c.c. tr. gentian three times a day, in half a glass of water. The patient's general appearance much improved; has color in her cheeks, and has appetite. Continued foot-bath.

June 12th. Patient passed urine nine times yesterday; quantity, 736 c.c. Voided 604 c.c. during the night. It contained very little mucus, and was slightly colored with blood. Still alkaline. I washed out the bladder as usual, and the water came away almost as clear as when it went in. It was slightly acid. On examination under the microscope, I found triple phosphates and bacteria. Continued treatment.

June 13th. Patient had a comfortable day yesterday; passed urine freely, with but little pain. Calls to micturate not very frequent; voided during the day 512 c.c. of urine; but little pain attending; no gravel has passed, of any size, but a quantity of sand. Urine still alkaline. I omitted washing out the bladder this morning. Continued treatment.

June 14th. The patient has been comfortable for the last twenty-four hours; has voided a normal quantity of urine, high colored and still alkaline; passed one small gravel and sand. Omitted washing out the bladder. Continued treatment.

June 15th. On visiting the patient this morning I found her sitting up, sewing, and she informed me that she had been sewing for several days. She passed a normal quantity of urine yesterday and last night. No gravel, mucus or blood, but still alkaline. Omitted washing out the bladder, as the improvement is progressing so favorably. Continued treatment.

June 16th. The patient passed a normal quantity of urine yesterday and last night; it contained some blood, mucus, and phosphates. Some pain attending micturition. I washed out the bladder this morning; the water passed out almost as clear as when it went in. The urine drawn off with the catheter was still alkaline. Continued treatment.

June 17th. Patient passed a normal quantity of urine yesterday and last night; very little pain attending; little mucus, no blood, slight sediment of phosphates; urine still alkaline. The patient is attending to her household duties. I omitted washing out the bladder this morning. Continued treatment.

June 18th. Patient passed a normal quantity of urine during the last twenty-four hours; it contained a little blood and mucus; no gravel.

The patient has but little pain in voiding urine. I drew off 64 c.c. of urine from the bladder; it was nearly natural in color, but still alkaline, and contained bacteria. I washed out the bladder as usual this morning; it caused very little pain, and the water returned acid and clear. Continued treatment.

June 19th. The patient voided urine freely yesterday and last night; it contained blood and mucus. She walked out last evening and took ice cream and cake; while out a severe storm came up, and returning home she got damp, and "thinks she took cold," as all relapses are attributed to taking cold by the patient. On examination of the urine under the microscope I found triple phosphate crystals, blood and pus. The urine was still alkaline and contained bacteria. I omitted washing out the bladder, on account of the soreness in the bladder. Continued treatment.

June 20th. Patient voided a normal quantity of urine during the last twenty-four hours, with little pain. The urine was thrown out, as I did not call until in the afternoon, therefore I did not examine it. She says "it had cleared up." I put her on the following prescription:—

℞.	Pot. nit.,	16 gm.	
	Tr. buchu,	32 c.c.	
	Aquæ,	64 c.c.	M.

Sig.—Teaspoonful in water two hours after meals.

The former treatment was suspended, except nitric acid and foot bath.

June 21st. The patient voided a normal quantity of urine during the last twenty-four hours. No gravel; but little blood and mucus; calls to micturate not more than once in two hours, with very little pain attending. I washed out the bladder this morning with warm carbolic acid water; it returned almost as clear as when it passed into the bladder. 0.333 c.c. (sol. carbolic acid, 1 to 16) to 8 c.c. of urine destroys bacteria. Continued treatment.

June 22d. The patient voided urine six times on yesterday, and three times during the night; passed a normal quantity; it contained a slight phosphatic deposit; very little pain attending micturition, and none after. She is happy over her improved condition. She remarked: "I slept all night." I omitted washing out the bladder. Continued treatment.

June 23d. The patient voided a normal quantity of urine during the last twenty-four hours; very little pain in micturition, no blood, no gravel, but little mucus. Bowels regular. I drew off 96 c.c of urine this morning with the catheter, and it was clear and almost natural in appearance. I washed out the bladder with warm carbolic acid water, and no gravel or phosphatic deposit came away. Continued treatment.

June 24th. The patient voided 1024 c.c. of urine during the last twenty-four hours, with very little pain, no phosphatic deposit, but a few blood clots. The urine is still alkaline. Omitted washing out the bladder. Continued treatment.

June 25th. The patient voided a normal quantity of urine during the last twenty-four hours; but little pain attending. No gravel or deposit of phosphates. There were a few blood clots in the urine this morning. The patient voids her urine about every three hours. I omitted washing out the bladder this morning, as the improvement is rapid. Continued treatment.

June 26th. The patient continues to improve; voided urine six times yesterday, and four times during the night. Quantity normal; no blood, a little mucus, no gravel or phosphatic deposit. Urine still alkaline. On examination of the urine drawn off with the catheter there were a few triple phosphate crystals to be seen. No bacteria. I washed out the bladder this morning with warm carbolic acid water; the water returned clear. Continued treatment.

June 27th. The patient voided urine, on an average, every three hours; she passed a normal quantity during the last twenty four hours; some clots of blood and mucus, no gravel or phosphatic deposit. She walked out several hours yesterday, and attributes the increase of blood clots to too much exercise. I omitted washing out the bladder this morning. Continued treatment.

June 28th. The patient voided a normal quantity of urine during the last twenty-four hours; no gravel, blood or mucus; very little pain attending micturition. The urine drawn off with the catheter contained a few blood corpuscles, no crystals of triple phosphates, no bacteria. The urine is still slightly alkaline. I washed out the bladder this morning with warm carbolized water; it returned clear. Continued treatment.

June 29th. The patient passed a normal quantity of urine during the last twenty-four hours; no gravel, a little mucus and blood; but little pain in micturition. She sleeps well; voids urine from three to four times during the night. Still alkaline. Continued treatment.

June 30th. The patient voided a normal quantity of urine during the last twenty-four hours, no blood, mucus or gravel; still alkaline, but no crystals are to be seen in the urine drawn off with the catheter. I washed the bladder with

warm carbolized water, it returned clear. Continued treatment.

July 1st. The patient has been comfortable for the last twenty-four hours; passed a normal quantity of urine, no gravel, mucus or bacteria, a few small blood clots. She voided urine only twice last night, and each time from 192 to 256 c.c. Says she is well. I omitted washing out the bladder this morning. Continued treatment.

July 2d. The patient is improving rapidly, she walked to my office to-day, and reports herself well. Continued treatment.

July 3d. The patient passed a normal quantity of urine; no pain, blood or mucus; no gravel. Omitted washing out the bladder; bowels regular, appetite good, urine still alkaline. Continued treatment.

July 5th. The patient is gradually improving. She attended a picnic on yesterday; went to the country at 10 o'clock, A.M., and returned at 5 o'clock, P.M. During the time she voided twice, quantity normal. Urine this morning almost normal appearance, still alkaline. Her appetite is good, and she says she is well. Continued treatment.

July 7th. The patient continues to improve; voids a normal quantity of urine, no blood, mucus or gravel. I drew off with the catheter 64 c.c. of urine; it was clear but still alkaline. I washed out the bladder with carbolized water this morning. There is still a little irritation of the bladder. Continued treatment.

July 9th. The patient is improving rapidly, voided urine twice last night; quantity normal, a little high colored; no pain attending micturition. Suspended treatment, except foot bath.

July 11th. The patient has been gradually improving without medicine, except the foot bath. There is still a slight irritation of the bladder. I directed tincture buchu and acetate potassa continued.

Medical Societies.

THE INTERNATIONAL MEDICAL CONGRESS.

PROCEEDINGS OF SECTIONS.*

Section on Anatomy.

At the first meeting in the Section of Anatomy an introductory address on "The Museum of the Royal College of Surgeons" was delivered by the President of the Section, Professor Flower, F.R.S. Professor His (Leipsic) brought forward the very important proposition that "the number of embryos which have been described are sufficient for anatomists to determine what are the normal characters of the human embryo, and that probably in no normal embryo is there ever a free vesicular allantois." Dr. Allen Thomson considered that the proposition was rather premature, inasmuch as some of the embryos mentioned were undoubtedly pathological, as most abortions must necessarily be. Dr. Thomson, as well as most of the other anatomists present, thought that there was more variability in the amount of attachment of the allantois to the chorion than Professor His had stated. In fact, the general conclusion of the meeting seemed to be that further specimens must be carefully examined before such a general proposition as that of Professor His could be adopted. The remainder of the sitting was devoted to a discussion on the characteristics of human crania in relation to race, and was introduced by Professor Turner in a paper "On the Cranial Characters of the Natives of the Admiralty Islands." The skulls described were eleven complete and one calvaria, all adults; seven males and five females. They were smeared with a red pigment, and one had an artificial nose and eyes modeled in a black material. They had been obtained in March, 1875, by the scientific staff of the *Challenger*, and entrusted to Professor Turner for description. The crania were markedly dolichocephalic; somewhat higher than broad; and while the females were microcephalic in capacity the males were mesocephalic, there being a difference of about 250 cubic centimeters between the two sexes. They approximated very nearly to the skulls obtained from the people inhabiting the coast-line of New Guinea.

On Friday, Professor Struthers described minutely a series of dry and wet specimens, showing a supra-condyloid process. He showed that, although well known to every anatomist in its ordinary form, when it is also of great importance to the operating surgeon, it had been overlooked in its rudimentary condition, which he had found to exist normally in every human subject which he had examined. In these cases it is found as a band or bands of fibres beneath the brachialis anticus muscle. A striking instance of its hereditary transmission was next decided, and the theory of descent referred to as the only explanation of its presence, occurring, as it does, so widely among mammalia, from the ornithorhynchus paradoxus upward to man; in the latter no teleological explanation was available. Professor Flower pointed out that the very variability of this process in the mammalia was in favor of its being transmitted by descent. It may be casually remarked that in the subsequent discussion all the anatomists who spoke regarded the evolution theory as the only possible hypothesis for the explanation of the occurrence of this and similar structures, and no one even ventured on a teleological argument. Professor Lesshaft next read two papers: (1) "On the forces which determine the shape of the bones, illustrated by numerous specimens from man and the lower animals;" and (2) "On the Position of the Stomach." He considered that this organ is placed more vertically than is generally supposed, but its oblique position, as shown in Dursy's model, made under the supervision of Luschka, was strenuously maintained by Professors His, Kölliker, and Braune, and by Mr. Holden, who

* Prepared principally from the report in the *Lancet*.

all agreed that a vertical stomach only existed in the young child.

On Saturday the subject of cranial measurements was again brought forward by Professor Benedikt, of Vienna, who described a new method of measurement by means of an instrument which he had invented, and showed some drawings which he had made by this process. Professor Hannover, of Copenhagen, next gave a lucid account of the primordial cartilage of the human skull, and showed several embryonic cartilaginous crania and some special preparations demonstrating that Meckel's cartilages do not unite in the median line, as is generally supposed, but that they are separated by a slight interval, and terminate in a hooked extremity; and Professor Redfern made a few remarks on the insignificance of the question as to whether ossification is preceded by cartilage, or takes place in an original fibrous membrane. Another very important communication was read by Dr. Cunningham, of Edinburgh, on the importance of the nerve supply in determining the homology of muscles in different animals. He considered that attention should be given thereto, as well as to their attachments, but could not go so far as to accept the position of Dr. Ruge, of Heidelberg, who has recently asserted that the nerve supply is an infallible guide in determining these questions. Professors Macalister, Kölliker, Struthers, Turner, and Mr. Forbes took part in the discussion, and showed that the segmentation of the primitive muscle masses was so very different in different animals that questions of homological relationship were very difficult to make certain of, and required great caution in handling, although their study was most interesting and captivating. Dr. Fasebeck, of Brunswick, gave a short description of some exquisite dissections which he has made, to prove the independence of the small or motor portion of the fifth nerve, and Dr. Howard pointed out the anatomical mechanism by which a post-oral passage may be secured for the entrance of air into the lungs in cases of threatened apnœa.

On resuming the business of the section on Monday, Professor Kölliker gave an excellent *résumé* in English of his views on the formation of the embryonic messoderm as seen by him in the rabbit. In this animal he had clearly traced its derivation from the cells of the ectoderm, but thought that it might arise differently in different animals, and so, in some cases, be derived from the endoderm as described by some other embryologists. Even at the earliest periods the cells of the mesoderm resemble connective-tissue corpuscles and not epithelial cells, although subsequently in certain places they may be transformed into the latter. Professors His, Schäfer and Allen Thomson took part in a discussion, after which Professor Kölliker, in response to a request made by Professor Turner, explained his view of the formation of the chorda dorsalis from the mesoderm, and not from the endoderm, as is often supposed. Professor Kölliker exhibited some specimens of embryos in support of his views, and illustrated his communication by some remarkably clear drawings on the blackboard, as he proceeded with his remarks. The Professor next made a communication on behalf of his son, Dr. Theodore Kölliker, "On the Human Intermaxillary Bone." Dr. Kölliker had demonstrated its separate existence in fœtuses of eight weeks old, but at the end of the ninth week it was always fused with the superior maxilla. The number of teeth in the intermaxillary bone was not constant. Mr. Fenwick then gave a most interesting account of the subcutaneous veins of the trunk as dissected by him under the supervision of Professor Braune, of Leipsic. He stated that he had been obliged to make as many as 500 or 600 injections in order to fill the system completely. They might be arranged into three zones: an upper zone running into the axillary vein, a lower zone into the femoral, and an intermediate zone, destitute of valves, emptying themselves indiscriminately into either of the other sets. The communication between the portal system and the epigastric veins by means of Sappey's vein in the round ligament of the liver was also shown. Professor Braune referred to the pump-like action on the venous circulation of the movements of the fasciæ at the points where the veins pass through, and to the arrangement of the valves at these points. The remainder of the session was occupied with a spirited discussion on Anatomical Teaching, introduced by a paper by Professor Struthers, comparing the British and Continental Schools, and another by Professor Keen, of Philadelphia, on the advantages of a systematic use of the living subject in facilitating anatomical study.

On Tuesday, Mr. Knott, of Dublin, began with an exhaustive account of "The Cerebral Blood Sinuses and their Variations." Deviations were frequently found, and their details in forty four skulls examined carefully with a view to relative frequency were laid before the section. Dr. Garson read a paper on pelvic measurements with a view to determining which are the most important for the purpose of comparing the pelves of different races. He thought that transverse measurements at the brim form a better standard than antero-posterior. Comparative measurements of the pelves of fourteen European females, five Australians, and thirteen Andamanese were given in illustration.

Section on Pathology.

In reply to a paper on Tubercle, by Dr. Grancher (Paris), Dr. Wilson Fox pointed out that so many doubts had been of late expressed concerning the nature of tubercle, cases which were formerly called tuberculosis, and which probably are still tuberculosis, are now often entered in the registrar's returns as cases of pneumonia or broncho-pneumonia, or the like, by which means the present time will furnish far fewer cases of death from tubercle of the lungs than past times. His suggestion that the term phthisis should be employed for all such cases seems to meet the difficulty. The discussion on Dr. Grancher's paper gradually lapsed into a discussion on the nature of giant cells; and even here the difficulty of adhering strictly to the lines of the debate was clearly shown. For while Mr. Treves spoke only of the giant cells of tubercle, and maintained that they are only masses of coagulated lymph, Dr. Creighton, who followed him, spoke of the giant cells which are

formed in the normal placenta, and Professor Virchow of giant cells wherever they occur.

Two whole days were devoted to the subject of Micro-organisms and their relation to disease. The duty of introducing the debate was entrusted to Professor Lister. He contented himself with delivering a clinical lecture on sympathetic inflammation and counter irritation. Professor Bastian followed with a very able speech. His contention that micro-organisms may arise by changes in the protoplasm of degenerating or decaying tissues (heterogenesis) was supported by an account of various experiments, and by strong, though possibly not invincible arguments. Professor Pasteur, looking very ill, was obliged to sit at the speaker's bar, yet threw a marvelous energy into his speech. Unable to understand our language, he had, he said, begged Mr. Lister to tell him, in two words, the purport of Professor Bastian's speech. It was, he understood, that micro-organisms may be formed by heterogenesis of the natural tissues. "Never, never," he exclaimed, "are these organisms developed unless from previously existing germs or organisms." Professor Virchow showed how essential it is that the relation of the various micro organisms to one another should be discovered. He believed it possible, by "domestication," to change the nature of certain of these organisms, and told of recent experiments bearing on this matter. On the following day (Saturday) the subject was resumed from a slightly different aspect, by Professor Fokker (Groningen) and Professor Klebs (Prague), the former contending that the forces of the micro-organism, and even its capabilities for good or evil, depend upon the conditions in which it exists, the latter reviewing shortly the various organisms and diseases which appear to be associated with one another.

The discussion on Renal Disease (Monday) failed to elicit any very new or striking facts.

Section on Medicine.

Sir W. Gull, in his presidential address, singled out the chief topics that would be discussed, and following in his lines we may most conveniently convey an idea of the nature and quality of these topics by treating them in groups and dwelling, so far as our limited space will permit, on the main points debated. In the earlier portion of his address, the President had sketched out the share taken by each nation in the early development of medical science, and the proceedings of the section reflected fairly well the different nationalities comprising the Congress, and several papers were read and speeches made in the French and German tongues. The disease of the nervous system, which had the largest share of attention bestowed upon it, was locomotor ataxy. The first paper read was by Professor Langenbeck, upon nerve-stretching in this disease, the author relating successful cases where the operation undertaken to give relief to the pains had ameliorated the actual ataxic symptoms, the inference being that stretching of the sciatic nerve initiated changes of a beneficial character on the spinal cord itself. As Sir W. Gull remarked, this introduced a new idea on the nature of ataxy, and Dr. Ogle asked whether the curative effect of nerve-stretching was proved to occur in cases where the lesion of the spinal cord was primary as well as in those cases where it might be considered secondary to peripheral changes. Professor Eulenberg, of Greifswald, also spoke, and Dr. Brown-Séquard supported the author's views by giving the results of experiments on nerve-stretching which he had found to influence the sensory functions of nerves beyond the region of that actually stretched. Dr. Buzzard, in a paper on certain little recognized phases of *tabes dorsalis*, gave a very clear account of the existence of a class of cases in which the classical symptom of ataxy is absent. Such cases, he maintained, are marked by the absence of the knee-phenomenon and by the presence of *crises gastriques*, and sometimes of joint affection; cases in which the gastric symptoms endured for years and predominated over the other characters of tabes—such as the Argyll-Robertson phenomena and lightning pains—and led to diagnosis of gastric cancer, gout in the stomach, or intestinal obstruction. He also referred to cases where other of the symptoms of tabes predominated, and adopted Pierret's view that the disease is essentially a chronic inflammation of sensory fibres. Dr. Buzzard lays great stress upon the importance of examining for the patellar tendon-reflex in all such cases; and it is to be regretted that time did not permit of a discussion upon his paper.

A paper by Professor Erb, of Leipsic, on the rôle of Syphilis as a cause of Locomotor Ataxy, gave rise to considerable debate; and certainly the author laid himself open to the criticism of proving too much, for, while he found evidence of previous infection in 88 per cent., there were no secondary symptoms in 29 per cent., and he used this as an argument in favor of the unicist view of syphilis. By comparing these statistics with those of other male adults, not the subjects of tabes, he found that only 23 per cent. of these had been infected at all, and but 12 per cent. had secondary syphilis. The conclusion arrived at was that "tabes in 90 per cent. of all cases is occasioned by syphilis as one of its etiological factors," and it may be pointed out that this is in agreement with the previous statements of M. Fournier and Dr. Gowers on the subject. Dr. Althaus, of London, in the debate, said that he had obtained a history of primary syphilis also in 90 per cent. of his cases of ataxy, but of secondary syphilis in 40 per cent., and he contrasted these results with a like inquiry into the antecedents of cases of other nervous diseases taken consecutively. But, as Dr. Gairdner remarked, it was a matter of insuperable difficulty to arrive at a true history of antecedent syphilis, (especially where there were no secondary symptoms) in any large number of cases, and he could accept the conclusions of Prof. Erb, and Dr. Althaus on this ground alone. Opposition to the view of Erb was also directed from the pathological side, M. Lancereaux, of Paris, maintaining that the lesions of locomotor ataxy do not present the characters of syphilitic sclerosis and syphilitic lesions in other organs; and his conclusion was that syphilis and ataxy were coincident, not correlated, believing the reason of the predominance shown by Prof. Erb to lie in the fact that ataxy occurred in individuals ad-

dicted to sexual excesses. Dr. Banks, of Dublin, thought there was a positive etiological connection between syphilis and tabes; and Dr. Zambuco, of Constantinople, and Prof. Rosenstein, of Leyden, also spoke on the matter. Sir W. Gull, in closing the debate, pointed out that the syphilitic poison produced indirect effects, inducing degeneration of tissues. The debate has not, therefore, led to any definite results; but taken in connection with the supposed curative effects of nerve-stretching in this same disease, it seems still to leave the question more open than Prof. Erb would wish us to believe. A paper by Prof. Ball and Dr. Thebierge, of Paris, was contributed to show the dependence of perforating ulcer of the foot upon locomotor ataxy, and in demonstrating its probable connection with trophical disturbance the authors were in harmony with the views of Mr. Savory and Mr. Butlin in their valuable contribution to the Royal Medical and Chirurgical Society, a year or two ago.

Dr. Brown-Sèquard had undertaken to address the section on the subject of Localization of Disease in the Brain and Spinal Cord, from a pathognomonic and diagnostic point of view, and the abstract of his communication offered a very exhaustive field for his remarks. He contented himself, however, with giving an oral disquisition, his main contention being that groups of symptoms rather than isolated manifestations must be taken into account in the attempt to correctly localize disease in the brain or cord; and that the effects of a lesion in the centre were produced at a distance, and were irrespective of the direct paths of transmission of nervous impulses—which he illustrated by the fact that a puncture of the medulla will produce degeneration in the sciatic nerve, and a lesion of the sciatic nerve induce changes in the motor centres of the brain. He spoke of a dynamic influence as operating thus on parts at "a distance," and said that the anterior pyramids might be cut without paralysis ensuing, and then their cut ends (central or peripheral) when irritated produced movements on the same side as the lesion—*i.e.*, in parts where the pyramidal fibres do not go. M. Charcot, on the other hand, contended that the facts of clinical and pathological observation were indubitable, and could not be harmonized with the experimental evidence adduced by Dr. Brown-Sèquard, who, however, asserted that he believed that certain elements were endowed with distinct functions.

The subject of Addison's disease was opened in a paper by Dr. Greenhow, which comprised the relation of a recent case, and a general summary of known clinical and pathological facts concerning this remarkable affection. He pointed out that research must be especially directed to changes in the abdominal sympathetic and the pneumogastric nerve, a case recorded by Dr. Paget, of lymphadenoma, in which these structures were involved and the suprarenal capsules unaffected, where a deepening pigmentation of the skin was observed during life, giving support to this view. In the debate which ensued, Dr. Semmola, of Naples, said that at the Brussels Congress he had related a case diagnosed as Addison's disease, where improvement followed upon electrical treatment, but death occurred some months later, after an attack of acute dyspepsia. No opportunity was given, however, of confirming the diagnosis in this case, which Dr. Semmola had quoted in support of the view he held, that the suprarenal capsules need not necessarily be the seat of disease, and he exhibited a drawing showing morbid changes in the spinal cord and cœliac ganglia, which he held to be the essential lesion of "Addison's disease." A like position was maintained by Dr. Guéneau de Mussy, who had met with a certain number of cases of bronzed skin, without suprarenal disease, but with affection of the abdominal sympathetics, and he adduced in support of this the cutaneous pigmentation of pregnancy, and the occurrence of pigment moles on the forehead in cases of abdominal tuberculosis, a phenomenon to which he attaches so great significance as to regard it as almost pathognomonic. Dr. Zuelzer, of Berlin, spoke of the changes in the urine, and Dr. Gairdner, of Glasgow, of the association of leucoderma with Addison's disease, instancing a noteworthy case which had come under his notice. Sir W. Gull, remarking that he had seen Addison's earliest cases, did well to remind the members of the importance of the asthenia of Addison's disease, and of not laying too much stress upon the pigmentation. He believed the suprarenal capsules were nervous organs, in structure most resembling the pituitary body, so singularly cared for in its special fossa at the base of the skull, the function of which is just as much unknown. He expressed a doubt as to the prognosis being universally unfavorable, and thought that we should have to study those cases which do not die. Dr. Greenhow, in his reply, maintained that Addison's disease commenced in the suprarenal capsules, and that the association of leucoderma was a coincidence, but not a very rare one, with the cutaneous pigmentation.

Several communications were read upon the subject of Bright's disease. Dr. Rosenstein, of Leyden, in his paper, separated first of all such conditions of the kidney as are non-inflammatory as being independent affections; and he then discriminated between acute and chronic Bright's disease, anatomically and clinically. The acute form, characterized by emigration of colorless blood corpuscles, epithelial, and later, interstitial changes, passes very rarely into the chronic form. The chronic form is a diffuse inflammation of all the tissue elements of the kidney—represented by the "large white," the "variegated," "smooth contracted," and the "granular white" kidney; the red granular kidney starting from endarteric changes in the renal vessels, and to this form the senile contracted kidney is closely allied. Clinical observations can only recognize whether the organ is enlarged or contracted; and it is unable to distinguish between "parenchymatous" and "interstitial" forms. This is a clear statement of the results ensuing upon modern histological research; and had the paper been read in Section III, it would have attracted more attention. But, unfortunately, as above said, no discussion ensued in this section upon the subject. Dr. George Johnson contributed a clinical observation on the evidence of white blood-cell casts as indicative of glomerulo nephritis; and Dr. Grain-

ger Stewart read a paper upon the condition of the urine in Bright's disease, and the clinical value of its examination. Dr. Semmola, of Naples, argued that Bright's disease might be induced by alterations in the albumen of the blood. This paper was followed by a brief communication from Prof. Stokvis of Amsterdam, who related some experiments showing that the subcutaneous injection of albumen could produce glomerulo-nephritis, an experimental support of Dr. Semmola's view. Dr. Mahomed raised a very important subject, which he entitled "Chronic Bright's Disease without Albuminaria," including an analysis of cases of high arterial pressure producing the cardio-vascular changes characteristic of chronic Bright's disease, with red granular kidneys but without albuminuria; the number of cases being sixty-one, twenty-one of which were fatal. Dr. Mahomed stated that his views would appear at length in the forthcoming volume of Guy's Hospital Reports, but it would certainly have been well for the question to have been thoroughly debated in the section, bearing, as it does in so important a manner, upon clinical observation.

The subject of Gout was dealt with under two different aspects—viz., in a paper by Dr. Garrod, upon Eczema and Albuminuria in connection with Gout, and in one by Mr. Jonathan Hutchinson, on Rheumatism, Gout, and Rheumatic Gout. Dr. Garrod's observations included a very large number of cases of undoubted gout, having selected cases in which there had been, at one time or another, arthritic manifestations; and he conclusively proved the very great frequency with which eczema occurred in such subjects, and also renal disease, pointing out the characters of the renal affections. Mr. Hutchinson's paper embraced a wider field. He defined rheumatism as, in the main, a liability to joint disease, brought about by exposure to cold, and not through reflex nervous influences—a catarrhal arthritis; and gout as, in the main, a liability to joint disease, brought about by certain articles of food, by defects of assimilation and of excretions—a humoral arthritis He thus establishes a certain link between the two—viz., the liability to joint disease; but he was especially careful to point out that, in either, by hereditary transmission a "gouty" or "rheumatic" diathesis may be formed. In support of his view of an underlying arthritic tendency or condition, he referred to the remarkable frequency of "rheumatic gout," and of the association of deposits of lithate of soda in joints, with lesions of cartilage and bone, hitherto considered as typically rheumatic, and concluded his lucid exposition of the subject by referring to the existence of certain maladies which "are to be affiliated with gout and rheumatic gout, as certain forms of iritis, hemorrhagic retinitis, chronic rheumatoid arthritis, some forms of glaucoma, lumbago, sciatica, and neuralgia, nervi digitorum, and possibly hæmophilia." An interesting debate ensued, in which the speakers mostly aimed at showing that there was nothing in common between gout and rheumatism, but they must have missed the point of Mr. Hutchinson's thesis, for in his reply he claimed them as adherents to his cause. Thus Dr. Garrod thought that the great aim was to differentiate diseases and not to merge them into one another; that the gouty condition was perfectly distinct and separable from the rheumatic; that gout was almost unknown in Scotland, where rheumatic arthritis was common; that erosion of articular cartilages occurred as a consequence of uratic deposit in chronic gout; and that although the children of gouty parents suffered from rheumatic arthritis, it was not because there was an interchange of the diathesis, but simply because they were the offspring of debilitated parents. He also believed that gonorrhœal rheumatism had more analogies with pyæmia than with rheumatism. Dr. W. Roberts said that in Manchester cases of gout in hospital practice came mostly from London, which he attributed to the porter-drinking habits of the London poor; and Dr. Quinlan, of Dublin, said that since the people there had taken to drinking porter instead of whisky gout had become common, whereas previously it was almost unknown. Dr. Stokin, of Amsterdam, said that true gout was very rare in his city: he had seen only two cases, and those in debilitated women living in unhealthy conditions. Dr. Maclagan, of London, said that true gout was very rare in Scotland, but acute rheumatism and rheumatic arthritis were common—the latter especially in weakly girls and women. He believed rheumatism to be due to a miasm, and not to the influence of cold and wet, for those most liable to be influenced by cold and wet, the very young and the aged, did not suffer from rheumatism. Dr. Grant, of Montreal, said that gout was hardly known in Canada, whereas rheumatism arising from insufficient protection against cold was common. Dr. Ord thought the arthritic changes were common in association with deposits of urate of soda in joints, and would use arthritis as a term common to both gout and rheumatism. In his view, gonorrhœal rheumatism was more allied to rheumatic urethritis than pyæmia; suppuration was not common in it, and similar articular affection accompanied arthritis, prostatitis, etc., not gonorrhœal. Dr. Duckworth pointed out that the uratic deposits signified gout, and that the hereditary gout occurred apart from dietetic errors. He considered the extensive arthritic changes sometimes seen in gouty joints were very rare, but admitted that sometimes a case appeared to present a coalescence of gout and rheumatism. There was often, however, great difficulty in getting a reliable history of gout. In his reply, Mr. Hutchinson not only showed that he granted the hereditary transmission of gout, and that lithates were deposited in the tissues in the disease, but that gout and rheumatism may mingle and often do mingle in the same subject. Indeed, so far as we understand Mr. Hutchinson's position it is simply this: that there is a tendency to arthritic disease which may partake of the characters of gout or of rheumatism, alone or conjointly, according to the influences to which the subject may be exposed, and that position was not strictly contested in the debate.

Professor Austin Flint's paper on the Analytical Study of Auscultation and Percussion, which he read on the last day of the session, was one of a very important character, aiming at the simplification of the terminology of physical pulmon-

ary signs, and basing the description of such signs upon the character of the sounds themselves, and independent of the mechanism by which they are produced. He was followed by Dr. Douglas Powell on the value of Bacelli's sign, "Pectoriloquie Aphonie," in the differential diagnosis of fluid effusion into the pleura. Dr. Bacelli maintained that in a case of pleuritic effusion, if the whispered voice be well conducted and pectoriloquous, the fluid may be certainly regarded as serous, but if ill-conducted or inaudible the fluid will be found to be purulent. Dr. Powell's own observations led him to the conclusion that the sign in question is not pathognomonic, although of considerable value in association with other signs. Sir. W. Gull said that Dr. Bacelli's sign is no new thing, and referred to Dr. Addison's observations upon the same sign in 1846; and his own (Sir W. Gull's) explanation of them on the physical ground of tenseness of the membrane and chest wall. Prof. Ewald, of Berlin, agreed with Dr. Powell, that Bacelli's sign is not reliable, but that the only certain means of diagnosis is by puncture. Prof. D'Espine, of Geneva, also spoke. Dr. Mahomed urged that the Congress should take action to draw up a single code of terms, but Dr. C. T. Williams pointed out that difficulty lay in the differences in the instruments employed, and Dr. Flint, in his reply, echoed Dr. Mahomed's wish that there should be established a general uniformity of terms. On the proposal of Sir W. Gull, a committee was formed, consisting of Prof. Ewald, Prof. D'Espine, Dr. Douglas Powell, Dr. Austin Flint and Dr. Mahomed, to report to the next Congress. Dr. C. T. Williams then read a paper on the Treatment of Phthisis at High Altitudes, drawing especial attention to the increased expansion of the chest following residence at these sites, and attributable to diminished barometric pressure. Dr. Norman Chevers pointed out the bad influence of hot climates on phthisis. Dr. H. Weber, of London, said that it was not a mere question of chest expansion, but of purity of air, which at high altitudes, such as Davos, does not promote fermentation. Similar effects were produced at Algiers, Madeira and other aseptic climates. When hereditary influence is strongly marked, cases in the first stage even advance at Davos and Colorado. But everywhere general medical supervision and management are essential. Dr. Wilson Fox said that phthisis was due to impure air, bad food, inheritance, and possibly septic causes. Nearly all high altitudes are curative, even in hot climates, as Bloemfontein. The finest shaped chests are liable to tubercular affection. He asked for information as to how long this cure lasts. If phthisis is to be cured by asepticism, then a six months' residence is sufficient; but if desirable to get changes in shape of chest, a longer time must be spent; and he appealed to those at Davos to keep their patients through the summer as well as winter. Dr. Alan Herbert, of Paris, urged physicians to establish the indications for sending patients to Davos, and also contra-indications—especially cardio-vascular disease.

Sir W. Gull, in closing the session, said he did so with great regret. There had been one uniform sentiment governing all—viz., a desire to work *pro bono publico*. He thanked the members for the courtesy shown to himself.

We must be contented to enumerate a few of the chief remaining subjects which were under discussion. Of these one of the most interesting was raised in a paper by Dr. Clifford Albutt, upon the treatment of a scrofulous neck. He contended for early surgical interference to remove the enlarged glands, and thus anticipate the evils of their suppuration or caseation, and the liability to constitutional infection thereby supervening. M. Jules Guérin recapitulated some views on the etiology of typhoid fever he had previously enunciated before the Paris Academy of Medicine, to prove that the disease originates from "fecal intoxication," but, as Sir W. Gull remarked, he did not sufficiently discriminate between the septicæmic effects and the conditions of the febrile process itself. Dr. W. Roberts drew at ention to the presence of bacteria in the bladder (bacteruria), giving rise to fermentation of the urine and vesical irritation, a condition removable in a few days by 30-grain doses of salicylate of soda twice a day. Papers were read also by Prof. Eulenberg, of Greifswald, on Graphic Representations of Tendon-Reflex: Dr. D'Espine, of Geneva, on Clinical Cardiography; Dr. Redard, of Paris, on Local Thermometry; Prof. Lépine, of Lyons, on Biliary Secretions in Morbid States: and Prof. Zuelzer, of Berlin, on the "Phosphor Acids of the Urine."

The absence—almost complete—of papers bearing upon the treatment of disease, has been the subject of some expressions of suprise in relation to the work of this section of medicine; and there may be some room for wonder at the contrast it presents in this respect to the section on surgery, where treatment formed so large a part of the subject matter. It must not, however, be inferred that medicine has no word to say upon the treatment of disease—there are many subjects that might be indicated that would have been usefully brought under discussion at an International Congress, subjects of great importance upon which opinions might have been sought; and while it is legitimate to regret that the opportunity for such an interchange of opinion was not seized, the omission must not be wholly laid at the door of the executive, for a special place had been retained in the programme for the "Treatment of Disease." Perhaps if the invitation had been made in less general terms, and some of the many open questions indicated, we should not have to record so barren a result.

(To be continued.)

The President's Removal.

Just as we are going to press the President has been removed to the seashore. He left the Executive Mansion shortly before six this morning (Sept. 6), and the train left the depot at 6.30. Just as the conveyance was leaving the White House the President waved his hand to the inmates of the Mansion who had gathered on the portico. The train arrived at Long Branch at 1.20 P.M. The President seemed to bear the journey well, but after his arrival he showed signs of fatigue. His pulse rose to 124 and his temperature to 101.6. At 10.30 P.M. he slept quietly.

EDITORIAL DEPARTMENT.

PERISCOPE.

Value of Alcohol in the Treatment of Diphtheria.

Dr. F. C. Roberts, of Fort Madison, Iowa, says, in a letter to *Gaillard's Medical Journal*, for July, 1881: While cauterizing a patient's throat the "victim" coughed, throwing the diphtheritic membrane all over my face. After a few days I fell ill with the disease and suffered severely.

I used the ordinary routine of treatment but became gradually weaker. The membrane in my throat nearly suffocated me. At last, becoming very weak, I sent for some whisky to use as a stimulant. A drink of it nearly suffocated me, and I strangled badly, and coughing hard, ejected a large quantity of membrane in an almost cooked condition. Immediate relief followed, and in a short time I again used the whisky, this time as a gargle, and the sensation of ease and comfort following induced me to use it frequently, and in a few days I was completely cured.

The second case was as follows: I was called in consultation with Dr. Hoffmeister: found the patient, a boy of fourteen years, suffering much the same as I had been, only much weaker and nearly black in the face from suffocation. Remembering my own experience, I advised the use of stimulants internally, and the following gargle:—

R.	Potassæ chloratis,		℥ ss
	Alcohol.,		
	Aq. rosæ,	āā	℥ ij. M.
	Ft. gargle.		

Sig. To be used every half hour.

Immediate improvement followed. Since that time I have used the alcohol very freely in diphtheritic cases, and always with the most favorable results.

Temporary Non-Assimilation.

Dr. W. C. Brittain, of Cochranton, Pa., writes as follows to the *Michigan Medical News*, August 10th, 1881:—

I was called to see Mr. J. A. Stewart on March 24th, 1881, and found him suffering with general debility, rather than from any special organic trouble. Upon inquiry I found that a short time before he had taken some doses of calomel, followed by quinia sulph., but without any relief.

I did not at that time make any positive diagnosis. I soon found at my subsequent visits that there was a want of assimilation, for although his appetite and digestion were good, and he relished his food, and the bowels were operated regularly, and his kidneys acted normally, there was a gradual and progressive waste of tissue. In four weeks from my first visit he was a living skeleton. Delirium set in, and at times it was furious. At this stage I asked for counsel, and Dr. T. M. Coley, of Brownsville, was called in, but still we could not locate any trouble, and assumed that there must be some obstruction of the absorbent ducts, for certainly digestion was not impaired. The patient gradually went down, until it did not seem possible that he could live but a few days. This wasting had been continued for over six weeks, and about the third day after our consultation I found him during my visit in the following condition: No pulse at the wrist, arms discolored as far as the elbows, and legs as far as the knees, and simply a faint action of the heart. It seemed to me that the scene would soon close, but the family was willing that the patient should die or get well in my hands, so I stuck to him and left an appointment for another visit. On my return I found the circulation improved somewhat, and from that time forward to the present there has been continued improvement in every respect, until he is now well.

I will now say that the temperature was at all times about normal, except at one time during his sickness, when he had marked intermittent conditions, which were controlled with quinia sulph.

I believe that there was for the time some obstruction of the ducts for conveying the chyle into circulation; or there may have been paralysis of the ducts, which after a time was overcome. At all events, I do not believe that the chyle reached the thoracic duct.

My treatment was sustaining all through. When I found the decline, I gave extract malt, and kept it up throughout. I gave him elixir ferri et strychnia, and during his worst condition, when it seemed he must die, I increased the strychnia, so that for a while he received one-sixteenth grain thrice daily. I also gave him regularly wine of beef. All these preparations together may have sustained him until assimilation was once more established.

Profuse Flooding at Seventh Week of Pregnancy, with Artificial Delivery of Ovum.

The following report by Dr. Eugene J. Cordell, of Baltimore, appears in the *Virginia Medical Monthly*, for August, 1881:—

The patient was a middle-aged multipara, to whom I was summoned at 5 A.M., on account of repeated hemorrhages caused by the use of pills (labeled "Job Moses" pills), taken for the purpose of producing an abortion. Her condition was a most alarming one. She must have lost an immense amount of blood, as the bed under her was saturated, and she was pale, completely relaxed, with pulse barely perceptible, and with frequent swoonings. The gravity of the case suggested immediate and radical interference. It was deemed unwise to subject the patient to a moment's delay, lest the recurring hemorrhage might prove immediately fatal in her exhausted and nearly moribund condition. The purpose already formed of removing the ovum from the uterus was strengthened by the complete relaxation, which gave promise of an easy introduction of the hand without anæsthetics, and by previous experience with the same patient a year before, on occasion of a miscarriage, when a retained placenta of about three months had to be peeled away from the fundus uteri. Accordingly, after

forty minims of the fluid extract of ergot (Squibb) had been injected under the skin of the arms, and some brandy taken internally, the hand was introduced, the vagina cleared of the clots which filled it, and the ovum scooped out of the thoroughly relaxed uterus with the fingers. The fingers were still kept in the uterus, which by means of the pressure exerted thus within the organ, and by the other hand over the abdomen, was under pretty thorough control. Small pieces of ice were at the same time pushed into the vagina, and thereon into the uterus. The internal hand was not removed for an hour or more, or until such an amount of uterine contraction was felt as removed all fear of further hemorrhage, at least for the time. The result was perfectly satisfactory. There was no further hemorrhage, and under the free use of iron and an abundance of nutritious food, the patient made a more rapid convalescence than was to be expected.

The Utility of Koumys in Consumption.

On this subject Dr. Clifford Dock, of this city, writes to the *Medical Bulletin*, for August, as follows:—

Some time since, at the suggestion of a medical friend, I placed a patient on koumys, not, I must confess, with very sanguine expectations of success, but more with the idea that a change of medicine, if not of benefit actually, might have some effect, through imagination.

The patient, an active business man of fifty, with tubercular phthisis, which had gradually developed from a slight nervous cough into well marked pulmonary trouble. At the time the koumys treatment was begun there was a well defined cavity in the apex of the left lung, with more or less percussion dullness over the remainder, harsh inspiratory murmurs in the right lung, great dyspnœa, fever, night sweats, and what the patient complained of most, a highly irritable stomach, even while on the plainest regimen; the presence of food in the stomach, no matter how small the quantity, produced immediate and lasting nausea.

Up to this time the various routine remedies had been used, with the usual amount of success, except that nothing seemed to alleviate the sick stomach in the least. I would say here, that the patient has been, more or less, the subject of chronic intermittent fever for the past twenty-five years, his business exposing him to it, and preventing proper curative treatment; this probably aggravated the sick stomach and rendered it less amenable to treatment. The koumys prepared by L. Wolff, of this city, was used, at the rate of a tumblerful three times a day, the last one being taken at bedtime. Although not relished at first, it soon became as agreeable to the taste as fresh milk, and was craved for its stimulating effects, counteracting, as it did, the great debility of like cases more effectually than any form of alcoholic stimulants.

Now, after two months' use, in the latter part of which it was not taken regularly, the results are most gratifying; the nausea has for some time been absent; all rational articles of food are eaten with impunity. The dyspnœa is entirely gone, except on vigorous exertion; the right lung is comparatively well; and the general health bids fair to carry the patient many years into the future.

Paraffin Splints.

Splints of solid paraffin are used by British surgeons. Mr. Glaister mentions its advantages: for instance, its lightness, and its readiness for use, besides the ease with which it can be recovered from old splints and utilized again. He says, however, that it is not a new invention. Dr. Macewen, of the Glasgow Royal Infirmary, has used it in hospital practice for some years; and in an article in the *Lancet* of August 31st, 1878, first drew the attention of the profession to paraffin splints. Mr. Glaister also published an article on the subject in the Glasgow *Medical Journal* for August, 1880. Dr. Macewen primarily advocated the use of gauze bandages, into the meshes of which the liquid paraffin was brushed; but later on he dipped the gauze bandages into the melted material till saturated, and applied when the heat could readily be borne; he then experimented with a variety of substances, as hay, straw, newspaper, oakum, flannel, cotton, and latterly cotton-wool, which last, in layers, he has found most suitable for the formation of splints, in combination with the paraffin. He now uses unbleached cotton-wool for splints in simple and compound fractures; in the treatment of the latter, cutting a window opposite the wound; and for Sayre's jackets. Mr. Glaister has frequently used paraffin splints in his own private practice; and during the winter of 1878–79, put up two or three Colles' fractures, with admirable results. He has also used them to produce immobility in joints. The following is the manner of making a splint of paraffin and cotton-wool; for, *e. g.*, a simple fracture of the bones of the leg. Unbleached cotton-wool, in the form of a layer, is cut to the requisite length, so as to fix both knee and ankle-joints, its breadth being sufficient to envelop the limb. The paraffin (having a melting-point of 130° F.) is sliced in sufficient quantity into a tin vessel, which is placed inside a larger one containing water not much below the boiling point. The cotton-wool is rolled into a form sufficiently small to enable it to pass into the paraffin vessel; having been put there, it quickly becomes saturated. One or two coatings are enough.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

Annual announcements have been received from the following medical schools:—

The Medical Department of the "University of Pennsylvania" for the one hundred and sixtieth annual session, 1881–82, which will open its preliminary course September 12th, and winter session October 3d, 1881, to close March 15th, 1882, after which the regular spring course opens, March 20th.

Fifty-seventh Annual Announcement of the "Jefferson Medical College," of Philadelphia,

the fall session to begin September 12th, and the regular winter term October 3d, 1881, and close at the end of the third week in March, 1882, to be followed by the spring session, to begin early in April and close early in June.

The "Medico-Chirurgical College," of Philadelphia, S. W. corner of Broad and Market streets, commences its winter session September 12th, 1881, and continues the same for six months.

The Medical Department of the "University of the City of New York." The preliminary term will commence September 21st, and continue until the opening of the regular winter session, October 5th, 1881, the latter to continue until March, 1882, after which the spring session begins and lasts till June 1st.

The Department of Medicine and Surgery of the "University of Michigan" for 1881–82. The College year begins October 1st, and ends in the last week of June.

"Rush Medical College," Chicago, thirty-ninth Annual Announcement. The session opens September 27th, 1881, and will continue twenty one weeks.

"Medical College of the State of South Carolina." The fifty-third course of lectures in this institution will begin on the 15th of October, 1881, and end early in March, 1882.

Fortieth Annual Announcement of the "St. Louis Medical College," in which the regular course of lectures will commence September 26th, and continue until March 4th 1882.

Third Annual Announcement of the "College of Physicians and Surgeons" of Saint Joseph, Mo. The regular winter session will begin Oct. 3d, 1881, and close the first week in March, 1882.

Sixty first Annual Catalogue and Announcement of the "Medical College of Ohio." The preliminary term will begin September 5th, and the regular winter session October 3d, 1881, and continue until March, 1882, to be followed by a spring term of two months' duration.

Sixth Annual Announcement of the "Meharry Medical Department of Central Tennessee College." The regular session will commence October 4th, 1881, and end March 1st, 1882. This institution is designed especially for the education of colored physicians.

Nineteenth Annual Announcement of the "Philadelphia Dental College and the Hospital of Oral Surgery." Regular winter course from October 1st, 1881, till the end of February, 1882.

"The American Veterinary College," the Veterinary Department of the University of the State of New York, in which the regular course commences October 3d, 1881.

BOOK NOTICES.

The Practice of Medicine and Surgery, applied to the Diseases and Accidents incident to Women. By W. H. Byford, A.M., M.D., Professor of Gynæcology in Rush Medical College, and of Obstetrics in the Woman's Medical College, etc., etc. Third Edition. Thoroughly revised and rewritten. With one hundred and sixty-four Illustrations. Philadelphia: Lindsay & Blakiston, 1881. 8vo, pp. 682. Price: Cloth, $5.00; Leather, $6.00.

Notwithstanding the numerous recent treatises on Gynæcology, we feel certain that all who are acquainted with the teachings and writings of Prof. Byford will welcome this third and considerably enlarged edition of his pre-eminently practical work, that has now been out of print for several years, during which period rapid advances have been made in the treatment of diseases peculiar to women. Much that is contained in this edition is entirely new matter, and such modifications of previous teachings have been introduced as the additional experience of the author has induced him to make. One of the most noteworthy of recent improvements in gynæcology is the almost universal introduction of Listerism in operative procedures, and of this the author is a warm advocate. Before adopting the antiseptic method, his ovariotomy cases yielded only sixty-six per cent. of recoveries, but since he commenced the use of the antiseptic spray and dressing, his successes have been about eighty-six per cent. He, however, thinks that his cases (eighty-two in all, of which twenty-two were performed with and sixty without antiseptic precautions), are too few to base any final conclusions upon; nor does he feel able to say to what extent the more favorable results with antiseptic measures may be due to other improved circumstances and to increased skill acquired from experience in operating. What renders Prof. Byford's work especially valuable, is, that he records his blunders, which, we believe, will often prove of greater benefit to the less experienced practitioner than his well-conducted cases. Thus, on page 630 he relates how, in a case of ovarian tumor complicated by pregnancy, which was not suspected, he plunged the trocar into the gravid uterus containing a seven months' fœtus. A vaginal examination had in this case been omitted, on account of the extreme modesty of the patient, a supposed virgin. With the exception of the death of the child, all went well; but surely this will be a warning lesson to others.

THE

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THE ADDRESSES AT THE INTERNATIONAL MEDICAL CONGRESS

The addresses before the general sessions and the sections of the International Medical Congress, delivered as they were by the most eminent members of our profession, may be regarded as indicating the high-water mark which medicine has reached at the present time. They represent the views and opinions which are most in favor with the progressive schools of thought in our profession.

On account of their number and length we cannot pretend to give them in full, but we shall present them in abstract and extract, so that our readers may learn the gist of their contents with the least expenditure of time and labor.

The Inaugural Address of the President, Sir JAMES PAGET, was chiefly devoted to setting forth the advantages to be derived from such an assembly as that which he presided over. He referred to the advantages of personal interchange of views, in conversation as well as in formal discussion, and to the profit which an earnest worker in science will derive from contact with very diverse minds and contrary opinions. He went on to say:—

But that which I would chiefly note, in relation to the great variety of minds which are here, is that it is characteristic of that mental pliancy and readiness for variation which is essential to all scientific progress, and which a great International Congress may illustrate and promote. In all the subjects for discussion we look for the attainment of some novelty and change in knowledge or belief; and after every such change there must ensue a change in some of the conditions of thinking and of working. Now, for all these changes, minds need to be pliant and quick to adjust themselves. For all progressive science there must be minds that are young, whatever may be their age.

Just as the discovery of auscultation brought to us the necessity for a refined cultivation of the sense of hearing, which was before of only the same use in medicine as in the common business of life; or, as the employment of the numerical method in estimating the value of facts required that minds should be able to record and think in ways previously unused; or, as the acceptance of the doctrine of evolution has changed the course of thinking in whole departments of science; so is it, in less measure, in every less advance of knowledge. All such advances change the circumstances of the mental life, and minds that cannot or will not adjust themselves, become less useful, or must, at least. modify their manner of utility. They may continue to be the best defenders of what is true; they may strengthen and expand the truth, and may apply it in practice with all the advantages of experience; they may thus secure the possessions of science and use them well, but they will not increase them.

It is with minds as with living bodies. One of their chief powers is in their self-adjustment to the varying conditions in which they have to live. Generally, those species are the strongest and most abiding that can thrive in the widest range of climate and of food. And, of all the races of men, they are the mightiest and most noble who are, or by self adjustment can become, most fit for all the new conditions of existence in which by various changes they may be placed. These are they who prosper in great changes of their social state; who, in successive generations, grow stronger by the production of a population so various that some are fitted to each of all the conditions of material and mode of life which they can discover or invent. These are most prosperous in the highest civilization; these whom nature adapts to the products of their own arts.

Or, among other groups, the mightiest are those who are strong alike on land and sea; who can explore and colonize, and in every climate can replenish the earth and subdue it; and this not by tenacity or mere robustness, but rather by pliancy and the production of varieties fit to abide and increase in all the various conditions of the world around.

Now, it is by no distant analogy that we trace the

likeness between these in their successful contests with the material conditions of life and those who are to succeed in the intellectual strife with the difficulties of science and of art. There must be minds which in variety may match with all the varieties of the subject matters, and minds which, at once or in swift succession, can be adjusted to all the increasing and changing modes of thought and work.

Such are the minds we need; or rather, such are the minds we have; and these in great meetings prove and augment their worth. Happily, the natural increase in the variety of minds in all cultivated races is—whether as cause or as consequence—nearly proportionate to the increasing variety of knowledge. And it has become proverbial, and is nearly true in science and art, as it is in commerce and in national life, that whatever work is to be done, men are found or soon produced who are exactly fit to do it.

Referring to the work in the Sections, he was led to speak of specialism:—

In truth, the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow, it can be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, may reach the richest stores of wealth, and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that, to the common mind, seemed small and trivial.

And study in a Congress such as this may be a useful remedy for self-sufficiency. Here every group may find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other.

The speaker defended eloquently the pursuit of remote and apparently minor researches in science, and showed how, in various instances, they alone made possible the most valuable practical discoveries and applications of scientific truth. He then referred to the true mission of the Congress:—

It may be said, if our Congress be representative, as it surely is, may we not legislate? May we not declare some general doctrines which may be used as tests and as guides for future study? We had better not.

The best work of our International Congress is in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as may from year to year be possible. Thus, chiefly, our Congress may maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounds well to speak of the temple of science, and of building and crowning the edifice. But the body of science is not as any dead thing of human work, however beautiful; it is as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition is only possible through the timely passing-by of the less good, that it may be replaced by the better, so is it in science. As time passes, that which seemed true and was very good, becomes relatively imperfect truth, and the truth more nearly perfect takes its place.

He closed with a reference to the certainty of steady and continued progress in science, and to the nobility of the calling of the practitioner of medicine.

The address at the second general meeting was delivered by the celebrated Professor Rudolph Virchow, of Berlin. It was devoted almost entirely to the defence of vivisection, and to an exposition of the benefits it has conferred upon science and mankind. He began with the following words:—

At the last International Medical Congress, holden in Amsterdam, when reporting on the subject of medical education, I discussed the question as to how far the experimental method of teaching was necessary; and I arrived at the conclusion that it must be applied in its widest sense, and in particular that vivisection was an indispensable means to that end. In a still higher degree, however, I had to admit the importance of this subject in research, and in opposition to those who, with ever-increasing vehemence, attack experimenting investigators on account of the nature of their investigations and of the means they employ. I was able, with the fullest concurrence of a numerous meeting, without one single dissentient voice, to say: "All those who attack vivisection as a means of science do not possess the least idea of the importance of science, and they are still more ignorant of the importance of this aid to its attainment."

In the two years which have since gone by, the agitation of the opponents (of vivisection) has grown in extent, as well as in its object. One country after the other has been drawn into their net, and international communications have been opened in order to secure greater results by means of united efforts. They are no longer satisfied with the results which legislation in England in 1876 gave them. Now, the demands have increased: a petition of the new Leipzig Animals Protection Society of March 8th, last, demands from the German Parliament the passing of a law by means of which "the torturing of animals under the plea of scientific research shall be punishable with imprisonment of not less than four weeks to two years, together with deprivation of civil rights." True, all do not go so far as this. Some ask not for complete suppression all at once, but for more or less lim-

itation of vivisection. They do not, however, make any secret that this is provisional, and they demand that even the official laboratories of the universities shall be placed under the control of a member of the Animals Protection Society.

He observed that similar attacks had been made in previous centuries against the pursuit of human anatomy, the desecration of the bodies of the dead, etc. He pointed out that the true science of Medicine is based on Anatomy and Physiology, as was taught in the third century B.C., by Erasistratus and his followers in Alexandria, but was not generally recognized until about the beginning of this century. He paused to emphasize this all important change, asking:—

How, then, has it come to pass that symptomatology, which little more than a generation since held so high a position, has so entirely lost consideration that at most universities it is no longer taught as a specialty? Have signs no longer a signification for the practitioner? Can he establish his diagnosis without a knowledge of the symptoms? Certainly not. But, for the scientific physician, symptoms have ceased to be the expression of a concealed power which is recognizable only in its outer workings. He searches for this power itself, and endeavors to find its seat, in the hope of therein fathoming its nature. Therefore, the first question of the pathologist, as of the biologist, in general is, "Where?" That is the anatomical question; and whether we seek to discover the seat of the disease or of life with the knife of the anatomist, or merely by the eye or the hand, whether we therefore dissect or only observe, the method of procedure is always anatomical. Thoroughly logical, then, was the title of "De Sedibus Morborum," given by the founder of pathological anatomy to his fundamental book, which originated a movement that in a few decades changed the whole face of the science.

This change has been accomplished most completely with respect to diseases of the eye. Who can avoid the conviction that the ophthalmology of the present day scarcely bears any resemblance to that of the last century? Who would rest satisfied with the symptoms of amaurósis? Who despairs of recognizing the nature of glaucoma? Every oculist has at hand the means of studying the disease itself, and not merely its signs. Even anti vivisectors acknowledge that ophthalmology is a fertile form of study; but they forget that every organ is not so favorably placed and constructed for observation as is the globe of the eye. Since the wonderful discovery of the ophthalmoscope, anatomical analysis can be carried, without the aid of the knife, so far into the constituent parts of the eye that we are enabled to examine the smallest textural portions of its fundus—nay, single cells or groups of cells—just as easily as in an artificial preparation of an eye that has been excised. But we should not forget what prolonged prior anatomical and physiological study was required for the interpretation of that which is now so conveniently seen. The structure, disposition, and function of each separate part had first to be laboriously made out, before it became possible to ascertain by a mere glance at the altered tissue what had really taken place; and no student will be able truly to understand the nature of the changes, who has not previously made himself thoroughly acquainted with the anatomy and physiology, and the possible pathological alterations, of each constituent part of the eye.

* * * * * * * * * * * *

With this we have arrived at the point which indicates, as it were, the boundary between the Old and New Medicine. *The principle of modern medicine is localization.* To those who are always asking, What good has modern science done to practical medicine? we may simply reply that every branch of medical practice has adapted itself to the principle of localization—not merely in pathology, but also in therapeutics—and that to the great benefit of the sick. It would be quite superfluous to seek for special examples of the utility of this new knowledge. Such examples abound, but we do not need them, as we can refer to the general characteristics of modern medicine. All those subjects which already, in earlier times, had a natural inclination to localization, as surgery and dermatology, have, quite logically, continued to advance in the same sense. But those branches which had preserved from the old humoral pathology a tendency to set forth general formulæ, have gradually abandoned the tradition that had become so dear to them; and it has become admitted more and more that, in truth, generalization is nothing else than a *multiplication of foci*, and that the cure of a so-called general disease signifies the extinction of each separate centre. This is indeed a reform from head to foot, and he who has not grasped it cannot say that he has followed the advance of science with effect.

From this discussion of the relationship of disease he passed to an examination as to what *life* is, for, as he observed, "disease presupposes life." This, he maintained, could only be learned from the living, not from the dead; and that we had made grand and significant progress in understanding this wonderful problem, through experiments on living animals, he demonstrated by numerous references. What this progress is, he summed up in a few words:—

I will only prominently mention in a few words that one idea, the origin of which stretches far backward, has always come out more clear and more victorious; and that is the idea of a *life proper to the individual parts*—the *vita propria*. Every new form of experiment that is contrived renders new parts accessible to the investigations of natural science, and with every step we become more clearly convinced that the great life-unity, in the usual sense, is a mere fiction arising from the observation that in the hierarchical organization of the human body certain organs

attain so high a development, and thereby so great an importance, that they have full right to the name of *vital organs*; and as among these organs the medulla oblongata possesses the highest importance, it may be easily understood how the idea has arisen that this may be the precise seat of life. But we now know that life is a collective action of all parts—the higher or vital, as well as the lower or less worthy; and that there is no *single* seat of life, but that every true elementary part, and especially every cell, is a seat of life. In biological as well as pathological research, also, we have arrived at a multiplication of foci: but it is obvious that the number of vital centres is much larger than that of disease centres ever can be; and therefore disease and life—or, to speak more precisely, diseased and healthy life—may very well co-exist in the same organism; invariably, however, in such a manner that disease always signifies an abridgment, a *minus* of healthy life. In this investigation we have again come upon the essence of disease that had so long disappeared; but truly not in its spiritual form, but as an entirely material *ens*, a real, corporeal thing—the *altered cell*.

After showing the practical utility of these researches, he touched on their moral and legal aspects, showing that any kind of training involves pain; that the law gives power to owners of animals to kill them, etc. As to the alleged hardening effects on experimenters themselves, he closed with a denial of it, in these words:—

The proof that moral earnestness has undergone diminution among the medical body of the present day is nowhere forthcoming; and the statement that Christianity is endangered by Christianity, is worthy of Abdera. The allegation that the medical student has become inwardly "brutalized" by dissection and vivisection is as unfounded as is the calumny that the morality of his teachers has sustained injury. But there is no ground for any fear for science itself. What Bacon said of the sun may be said of it: "Palatia et cloacas ingreditur, neque tamen polluitur."

The general address delivered by Professor HUXLEY was upon the connection of the Biological Sciences with Medicine. In previous ages no such connection was imagined: now it is close and recognized on all hands:—

Taken in its broad sense, "medicine" not merely denotes a kind of knowledge, but it comprehends the various applications of that knowledge to the alleviation of the sufferings, the repair of the injuries, and the conservation of the health of living beings. In fact, the practical aspect of medicine so far dominates over every other that the "healing art" is one of its most widely received synonyms. It is so difficult to think of medicine otherwise than as something which is necessarily connected with curative treatment, that we are apt to forget that there must be, and is, such a thing as a pure science of medicine—a "pathology" which has no more necessary subservience to practical ends than has zoölogy or botany.

The logical connection between this purely scientific doctrine of disease, or pathology, and ordinary biology is easily traced. Living matter is characterized by its innate tendency to exhibit a definite series of the morphological and physiological phenomena which constitute organization and life. Given a certain range of conditions, and these phenomena remain the same, within narrow limits, for each kind of living thing. They furnish the normal and typical characters of the species; and as such, they are the subject-matter of ordinary biology. * * * * *

Thanks to the intimate alliance of morphology with medicine, the natural history of disease has, at the present day, attained a high degree of perfection. Accurate regional anatomy has rendered practicable the exploration of the most hidden parts of the organism, and the determination during life of morbid changes in them; anatomical and histological post-mortem investigations have supplied physicians with a clear basis upon which to rest the classification of diseases, and with unerring tests of the accuracy or inaccuracy of their diagnoses.

If men could be satisfied with pure knowledge, the extreme precision with which, in these days, a sufferer may be told what is happening and what is likely to happen, even in the most recondite parts of his bodily frame, should be as satisfactory to the patient as it is to the scientific pathologist who gives him the information. But I am afraid it is not; and even the practicing physician, while nowise underestimating the regulative value of accurate diagnosis, must often lament that so much of his knowledge rather prevents him from doing wrong than helps him to do right. * * * * * * * * *

The essence of modern, as contrasted with ancient, physiological science, appears to me to lie in its antagonism to animistic hypotheses and animistic phraseology. It offers physical explanations of vital phenomena, or frankly confesses that it has none to offer. And, so far as I know, the first person who gave expression to this modern view of physiology, who was bold enough to enunciate the proposition that vital phenomena, like all the other phenomena of the physical world, are, in ultimate analysis, resolvable into matter and motion, was Réné Descartes.

The fifty-four years of life of this most original and powerful thinker are widely overlapped on both sides by the eighty of Harvey, who survived his younger contemporary by seven years, and takes pleasure in acknowledging the French philosopher's appreciation of his great discovery.

The speaker then proceeded to review briefly the progress of physiology from the time of Descartes, especially with reference to the explanations given of the phenomena of life. The theories of Borelli, Harvey, Haller, Bœrhaave, Hunter and Bichat were adverted to. All these lead up, by gradual steps, to what the speaker considered the modern and true theory, which he expressed in the following words:—

The proposition of Descartes, that the body of a living man is a machine, the actions of which are explicable by the known laws of matter and motion, is unquestionably largely true. But it is also true, that the living body is a synthesis of innumerable physiological elements, each of which may nearly be described in Wolff's words, as a fluid possessed of a "vis essentialis, and a "solidescibilitas;" or, in modern phrase, as protoplasm susceptible of structural metamorphosis and functional metabolism; and that the only machinery, in the precise sense in which the Cartesian School understood mechanism, is that which coördinates and regulates these physiological units into an organic whole.

In fact, the body is a machine of the nature of an army, not of that of a watch, or of a hydraulic apparatus. Of this army, each cell is a soldier, an organ, a brigade, the central nervous system headquarters and field-telegraph, the alimentary and circulatory system the commissariat. Losses are made good by recruits born in camp, and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run.

The efficacy of an army, at any given moment, depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and therefore, if the analogy holds good, there can be only two kinds of diseases, the one dependent on abnormal states of the physiological units, the other on perturbation of the coördinating and alimentative machinery.

Hence, the establishment of the cell theory, in normal biology, was swiftly followed by a "cellular pathology," as its logical counterpart. I need not remind you how great an instrument of investigation this doctrine has proved in the hands of the man of genius to whom its development is due, and who would probably be the last to forget that abnormal conditions of the coördinative and distributive machinery of the body are no less important factors of disease.

Henceforward, as it appears to me, the connection of medicine with the biological sciences is clearly defined. Pure pathology is that branch of biology which defines the particular perturbation of cell life, or of the coördinating machinery, or of both, on which the phenomena of disease depend.

Those who are conversant with the present state of biology will hardly hesitate to admit that the conception of the life of one of the higher animals as the summation of the lives of a cell aggregate brought into harmonious action by a coördinative machinery formed by some of these cells, constitutes a permanent acquisition of physiological science. But the last form of the battle between the animistic and the physical views of life is seen in the contention whether the physical analysis of vital phenomena can be carried beyond this point or not. * * * *

If there is any truth in the received doctrines of physics, that contrast between living and inert matter on which Bichat lays so much stress, does not exist. In nature, nothing is at rest, nothing is amorphous; the simplest particle of that which men in their blindness are pleased to call "brute matter" is a vast aggregate of molecular mechanisms, performing complicated movements of immense rapidity, and sensitively adjusting themselves to every change in the surrounding world. Living matter differs from other matter in degree and not in kind; the microcosm repeats the macrocosm; and one chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organization.

From this point of view pathology is the analogue of the theory of perturbations in astronomy; and therapeutics resolves itself into the discovery of the means by which a system of forces competent to eliminate any given perturbation may be introduced into the economy. And, as pathology bases itself upon normal physiology, so therapeutics rests upon pharmacology, which is, strictly speaking, a part of the great biological topic of the influence of conditions on the living organism, and has no scientific foundation apart from physiology.

It appears to me that there is no more hopeful indication of the progress of medicine towards the ideal of Descartes than is to be derived from a comparison of the state of pharmacology at the present day with that which existed forty years ago. If we consider the knowledge positively acquired in this short time, of the *modus operandi* of urari, of atropia, of physostigmin, of veratria, of casca, of strychnia, of bromide of potassium, of phosphorus, there can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of effecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism, which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched.

With these hopeful words the speaker concluded.

It will be seen that in these addresses some of the most profound questions which can engage the human mind were answered by the masters of modern science, in accordance with its latest and most thoroughly tested utterances. How different the answers may be which shall be given a hundred years from now none can guess, but perhaps it is not unwise for us to remember that a century ago men believed, as firmly as we do now, that theirs was an enlightened age, and their processes were the right ones to find out truth. Dogmatism is quite as liable to flourish in the arena of science as in the schools of theology, and even our most applauded theories must be accepted as provisional only, and not the last words of intelligent thought.

Notes and Comments.

A New Method of Treatment of Diseases of the Middle Ear With Impervious Eustachian Tube.

Dr. A. Wellington Adams, of Denver, Colorado, gives, in the *Rocky Mountain Medical Review*, for July, 1881, the history of several cases of deafness due to diseases of the middle ear, which were successfully treated by the application of medicated fluids and vapors to the tympanum through the external auditory canal. This is accomplished by dissecting out two triangular segments of the membrana tympani; one in the superior and the other in the inferior portion of the membrane. Sometimes the entire membrane is excised; with the exception of the *auriculus tympanicus*. In this way he is enabled to reach the middle ear directly, accurately determine the condition of its lining membrane, diagnose the presence or absence of foreign substances or growths within the tympanum, ascertain positively the pathological changes in the membrana tympani, and to apply his treatment directly and advantageously to the diseased parts. During the treatment, the openings are retained by means of pledgets of absorbent cotton introduced therein; and the entrance of air and dust is prevented by cotton worn in the external auditory canal. After accomplishing his purpose, the membrane readily reproduces itself, and the openings are closed without any interference. For the purpose of opening an Eustachian tube impervious to air he uses a moderately stiff filiform bougie passed through a metallic tube with a short curve at the extremity, which is to be introduced into the middle ear.

Inutility and Dangers of Medical Treatment of Epithelioma of the Tongue.

Scattered throughout the Bulletins de la Société de Chirurgie, for the year 1879, are found the reports of a discussion which fully brought out the opinion of M. Verneuil, perhaps the most eminent surgeon of the present French faculty, regarding the folly of temporizing with cancer of the tongue.

The conclusions he formulated are the following: 1st. Topical treatment cannot cure true lingual cancroid. Mercury has no action except on syphilitic symptoms which were formerly difficult of recognition, but which, through the works of Fournier, have become of facile diagnosis. Iodide of potash has no real efficiency against true neoplasm; its use should be restricted to syphilitic and scrofulous lesions. Finally, chlorate of potash sometimes cures ulcerations and adenomata of the sudoriparous glands, (ulcerations et adenomes sudoripares) but otherwise merits no confidence.

2d. All these medicaments, as also the milder caustics, often so deplorably insisted on, are not only inefficacious, but even productive of injury. But there is no medicament which precipitates the onward march of cancer like mercury, which again, like iodide of potash, often induces grave perturbations in the digestive functions.

3d. At the début there is always a moment when the malady is sufficiently characterized and its nature demonstrated, while it is yet so circumscribed that ablation may be performed without fear of complications.

4th. But why operate, say many, when relap_e (recidive) will surely occur? When ablation is done before the period of propagation and cancerous cachexia there is always hope of definite cure.

M. Verneuil cites four of his patients who were completely cured. The epithelioma was but about the length of the nail, and had little depth in three of the cases. The fourth patient had been operated on previously, and there was one ganglion affected; nevertheless, after the operation, the morbid tissue was not reproduced.

Laceration of the Female Urethra, Following Dilatation, Cured After Fourteen Operations.

Dr. Andrew F. Currier, assistant house surgeon for the Woman's Hospital of the State of New York, reports, in the New York *Medical Journal and Obstetrical Review*, for August, 1881, a remarkable case, illustrating how patience and perseverance are sometimes rewarded. The patient was a young lady who, during a period of five years, had no less than fourteen operations performed on the urethra and bladder. After repeated failures and unparalleled suffering, the case finally terminated in perfect recovery. Dr. Emmet, under whose care the patient was, had several times laid open the entire urethra, and before the final operation both this canal and the bladder were laid open their entire length, and the excess of mucous membrane in the vagina and bladder was cut away, when a transverse fissure was formed in the anterior wall of the urethra, near the neck. The edges of this were pared and brought together by a suture.

The urethra and a portion of the bladder were then closed by a series of ten interrupted sutures, passed quite to the meatus, from a point two inches posterior to it. These were secured in position with perforated shot. Before they were removed, the urine was drawn at regular inter-

vals, the catheter being introduced behind the sutures, through the fistula.

When, on the fourteenth day, the sutures were removed, the patient was found to have regained complete control over the bladder, and had improved in every other way, so that there are strong reasons to hope that a permanent result has been reached.

An Anæsthetic Car.

A correspondent writes to an English contemporary:—

When I was in Paris I had an opportunity of seeing Paul Bert's anæsthetic car at work. I was at the St. Louis Hospital one morning; the car was there, and some operations were to be done on it. We—the patient, doctor, and his students—went into the car; the door, air-tight, was closed, and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn, and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drums of my ears. The patient laid himself down on the operating table, and the anæsthetic agent was given him. He took it very quietly, did not struggle, and was soon insensible. While he was unconscious, an epithelioma was removed from his lower lip; after the wound was sewn up, the compressed air was allowed to escape; the patient got up from the table, walked out of the car, and lay down on the grass; he complained of no headache nor nausea, but said he felt just as usual. The car is on wheels, and is carried about from hospital to hospital; the hospitals being under government, the car is a public one, and is taken all over Paris.

A New Hybrid.

Dr. W. Gray Smith, of Baltimore, tells, in the *Maryland Medical Journal*, of a male rabbit and female cat that exhibited a great liking for each other, were constantly together, and were seen frequently in the act of sexual intercourse. The cat in due time gave birth to two kittens, one of which was perfectly natural in appearance; the other presented some remarkable peculiarities: The tail is short (a rabbit-tail in appearance), being about one inch long, and curved up on the back, the bones comprising it being anchylosed. The relative length of the hind and fore legs corresponds with that of the rabbit, the former being the longest, so that when in motion the head is on a lower level than the posterior extremity. In moving, it leaps like a rabbit. Its head and ears are those of a cat. Its hair is softer than that of an ordinary kitten, being more like that of the rabbit. The markings of color of the hair are exactly like those of the old rabbit. It began early to show a liking for grass and cabbage leaves, and continues to eat them; it was taught to eat meat with difficulty. Its teeth and toe nails are decidedly those of a carnivorous animal. It is now about three months old. For the first two months it was thrown a great deal with rabbits, whose society it seemed to prefer to that of cats.

The editor of the above journal asks whether this is a coincidence, a case of mere maternal impression, or one of crossed species?

There are certainly strong reasons for the latter supposition.

Peptones.

The use of peptones (digested food), in many cases of debility of the digestive organs, is increasing. The usual method of preparation is to digest a kilogram of lean beef, deprived of fatty and fibrous matter, and finely minced, for twelve hours, at a temperature of 50° C. in 10 litres of water, acidified with hydrochloric acid (4 grams HCl per litre), with frequent agitation, adding about 10 grams of pepsina porci, more or less, according to its activity. After the digestion the liquid is filtered, and should yield no precipitate to nitric acid. It is then exactly saturated by bicarbonate of soda, and either evaporated to dryness or to a syrupy consistence. The 1 kilogram of beef should yield about 250 grams of dry peptone, or the fluid should contain about fifty per cent. of peptone. Peptones thus prepared always contain a considerable proportion of chloride of sodium, and thus, if taken in wine, syrups, or elixirs, impart a disagreeable salt taste, which can, however, be eliminated by careful treatment.

Special Reports.

NO. XVI.—MIDWIFERY.

(*Continued from p. 275*)

Electricity in Labor.

In the *Annales de Gynecologie*, Mai, 1881, Dr. G. Apostoli relates the use he makes of electricity in labor. During the last two years he has used electricity in all his cases, in the following way: Immediately after the delivery, an induced current is applied to the uterus, and gradually increased in intensity. This operation is repeated from eight to ten times, during about six days after normal labor. When the labor has been premature, or abortion has occurred, the

current is applied from fifteen to twenty times. The object is to aid and complete the involution of the uterus, and to ward off all the complications which result from arrested or retarded involution.

Management of the Third Stage of Labor.

In the Strasburg Hospital, according to Dr. KABIERSKE (*Centbl. f. Gynäk.*, No. 7, 1881), the Credé method is not employed, and he quotes from Credé and Spiegelberg as follows: "The natural powers in a normal labor are sufficient for the terminating of the birth, and they accomplish the separation of the placenta more efficiently alone than when aided." He states "that the expectant treatment of the third stage in normal cases is without danger," and instances cases where the placenta was not expelled for as long as fifteen days post-partum, and where no bad results ensued. He claims that after expectant treatment the puerperium is far better than after any other, both as regards temperature and the rapid disappearance of blood in the lochia. As soon as the head is born, care is taken not to handle the uterus in any way, and in eighty per cent. of his cases the after-birth came away in less than three hours, while the longest period noticed was twelve hours. When the membranes were adherent the patient's pelvis was raised, and the weight of the placenta, which was only partially supported, was allowed to complete the process, which it did, at the latest, within half an hour. The writer reserves certain cases as requiring interference either by the Credé method or by manual extraction, just as in the other stages of labor, interference is necessary.

Care After Delivery.

Much of the comfort and not a little of the future physical welfare of the woman depends upon the little attentions given to her immediately after delivery. Dr. D. M. WILLIAMS, who not long since furnished the statistics of 2500 cases of midwifery out of his own practice to the *British Medical Journal*, says, on this point:—

"When a student, I never saw the binder used before delivery; but it is a most excellent help, supporting the back and increasing the power of the pains. The placenta I always remove quickly, usually by pressure, but if need be, by the introduction of the hand. On one occasion, the patient, a fat, healthy woman aged 42, expelled the whole contents of the uterus unbroken, a few minutes after I entered the room. I was startled for a moment at the unusual sight, but quickly tore the membranes; the child cried lustily, and the woman did well.

"When the labor is over, I invariably make my patients comfortable, removing everything wet, even to the chemise and night-dress, if required, applying the binder myself next the skin. In doing this, I bring my hand sideways into the abdomen, so that I can embrace the fundus, then fill the furrow thus made with napkins, not putting them upon the uterus, with reference to the horizontal position; but above, with reference to the vertical position; then a firm binder tightly applied and well pinned makes me feel tolerably secure from *post partum* hemorrhage; and I have felt safe in leaving my patient quickly—an important matter when I have frequently attended three labors in a night, occasionally five, and once seven."

Prophylactic Intra-uterine Injections.

The value of antiseptic uterine injections after delivery, as a preventive of puerperal fever, has been actively discussed, by STADFELDT, of Copenhagen, HOFMEIER, of Berlin, and others. Most of the ultra-Listerians claim that the employment of it has greatly reduced the mortality from parturient fevers and septic poisoning. Lately, however, a number of serious accidents have occurred from its use, and even HOFMEIER acknowledges that it is a risky measure, which demands decided precautions. Some of these are as follows:—

The canula introduced should be made of metal, glass, hard vulcanite, or other substance which can be thoroughly cleansed and disinfected. Gum-elastic materials are condemned because they quickly become soft, and when cracked readily absorb septic matter. The vessel from which the fluid is drawn should be known to be pure and clean, and should be at a higher level than the patient's body, otherwise there is a constant liability to inject air. Lastly, the fluid should flow in a steady and gentle stream, not in an unequal and jerking manner.

Hot Water Injections to Facilitate Labor.

Dr. WALTER, of Manchester, England, lately read a paper before the Medical Society of that city, on what he announced as a "new and simple method of overcoming many forms of tedious labor." This method was the use of *hot water injections* into the uterus. He advocated this procedure in the following cases:—

1. In podalic version, especially in those cases where, from early escape of the liquor amnii, the uterine walls have become moulded to the body of the fœtus, rendering thereby the introduction of the hand dangerous, or almost impossible. 2. Whenever cephalic version is difficult. 3. When bipolar version is difficult to accomplish, from escape of the liquor amnii, and is required to be performed quickly, before the os uteri is much dilated, as in cases of partial placenta prævia, or some severe cases of accidental hemorrhage. 4. In rectifying mal-presentations, such as returning a hand or an arm into the uterus; in changing a face or a brow presentation into a vertex; in these cases, one could not speak in too high terms of its usefulness. 5. Retention of the placenta, when arising from irregular uterine contractions, or what is known as the hour-glass contraction: also in cases of abortion, when the placenta or membranes are retained. 6. Where

one is without chloroform, or the patient is either unwilling or unfit to take an anæsthetic, the injections will be found not only useful in aiding version, but, by their dulling the sensibility of the uterine tissue to pain and lessening its susceptibility to contusion, the danger of rupture will be found diminished, as well as the risks of metritis.

In addition to the cases above enumerated, one might also add rigid os; locked twins; and the delivery of monsters. In alluding to the precautions to be observed while employing this treatment, Dr. WALTER drew special attention to the importance of seeing that the syringe is a strong one. The tube for insertion into the uterus should be twelve inches in length, and fastened to the syringe by means of a screw. Too much attention could not be paid to filling the syringe thoroughly with water prior to inserting the tube into the uterus, so as to avoid any chance of injecting air.

The patient should be placed on the left side, in the obstetric posture; but when more than ordinary difficulty is present, either in performing podalic version, or returning a presentation from the pelvic cavity, the semi-prone posture, with the pelvis raised, was recommended. The temperature should always be taken with a thermometer, and at least one degree allowed for cooling while passing through the syringe. The quantity of water usually required for injection is a pint and a half. Dr. WALTER considered that the intra-uterine injections should never be resorted to before the membranes had ruptured and the liquor amnii had escaped; lest a rupture of the uterus should occur; but this did not preclude vaginal injections of hot water for rigid os, or even for inducing premature labor, which for many years has been known to the profession.

Paralysis of the Sphincter Ani After Childbirth.

A case of this accident is reported in the *Bull. de Therapeutique*, October 1880, by Dr. LARGER. The woman had been delivered by the forceps, without special difficulty, and returned after several months with the statement that she could not retain the contents of the bowels, escaped gas, etc. On examination, the parts were found normal, except that the sphincter was paralyzed, owing, no doubt, to the pressure of the child's head. After some other means, as ice, suppositories, etc. had been tried in vain, Dr. LARGER injected a gram of a 10 per cent. solution of Bonjean's ergotin close to the anal opening. The improvement was immediate, and after the fifth injection she was discharged cured.

Rupture of the Uterus.

This frightful accident is the subject of a careful study by Dr. RICHARD FROMMEL, in the *Zeitschrift fur Gynäkologie*. A number of cases occurring in the Berlin clinic gave an opportunity to seek for a more successful treatment than that usually adopted. The unfortunate results of laparotomy in many cases led Prof. SCHRÖDER to look with little hope on this procedure. FROMMEL, while not wholly renouncing that operation in some cases, finds that in recent ruptures the patient does far better under antiseptic precautions and drainage. After removing the child he irrigates the uterus with a warm two per cent. solution of carbolic acid; inserts a thick drainage tube; places ice bags around and on the abdomen; and gives moderate doses of opium to quiet the peristaltic action. Strict antisepsis is observed, and in five cases he reports the patients recovered.

Obstetrical Experiences.

Dr. DAVID M. WILLIAMS, of Liverpool, in an abstract of 2500 confinements "chiefly among the comfortable middle classes," given in the *British Medical Journal*, states that he considers the forceps a great boon, always to be used with comfort and safety, without injury to the mother, and in only one case did he find craniotomy necessary. For over twenty years he has introduced the forceps into the uterus, often saving the child by that means, when the os was very narrow, but dilatable. He had only employed chloroform in the first stage, to overcome rigidity; in the second stage he often administered it till complete unconsciousness was produced, believing that the perineum may thus be frequently saved from rupture, an accident which will sometimes occur after every precaution. He has cured a complete rent, involving the sphincter, without operation, by rest, local cleanliness, and the induction of temporary constipation by opium. He trusts in ergot especially as a preventive of flooding in cases where the pains are weak and the intervals long. He denies, on the evidence of distinguished travelers contrasted with the records of contemporary British practitioners, that puerperal mortality is the result of civilization. The truth is quite the other way, and by acting on increased knowledge, more lives will yet be saved.

(To be continued.)

CORRESPONDENCE.

A Question and a Reply.

ED. MED. AND SURG. REPORTER:—

In a communication in the MEDICAL AND SURGICAL REPORTER, for July the 30th, by Dr. C. H. Shivers, of Haddonfield, New Jersey, entitled "More About Maternal Impressions," in reply to a communication of mine of the 16th, some doubt is intended to be cast upon the truth of certain passages therein. Let me say to Dr. Shivers, and the host of other unbelievers, that every word of those tales can be verified from eye-witnesses to the facts.

The first story was related to me by Mr. J. E. Ward, of this city, a personal friend of mine, who is not given to prevarication of any kind. Mr. Ward is one of our most prominent "fellow citizens," a man whose integrity and veracity are of the first order, and whose word is equal to his bond at any time with us. Mr. Ward will be glad to furnish all information desired concerning the same, and will feel it a privilege to answer any inquiries making their appearance, if directed to him.

The other stories will be substantiated by Mr. John W. Welsh, of this city, upon application, whose wife is the mother of the first three cases bearing "marks," and the mother also of the very interesting and exceedingly handsome young lady whose left buttock is the objective test of the bunch of blackberries, *changing with the season*. The tale of the hair-switch will also be accounted for by Mr. Welsh.

The *Obstetric Gazette*, of Cincinnati, Ohio, will contain a communication of mine next month, upon cases somewhat similar, all of this neighborhood, with the names in full of the parties afflicted or their referees. From this communication I take the liberty of extracting the following paragraphs, in reply to the second part of Dr. Shiver's paper, touching the philosophy of these "impressions:—"

"The superstition of our aboriginal grandparents is about to be verified by science, and the old wives' love of maternal impressions will yet become an absolute fact. It is not best to cast aside a popular superstition, such as this is and has been through many ages, for truth is more likely to be in it than out of it, though all the *savans* of the earth were unable to explain it. Such has been the experience of some of our greatest facts in science, in almost every instance and in almost every age. Popular impressions are never wholly without foundation, as proven thousands of times by the experience of the world, though medical science is the least likely to adopt them, and the slowest to recognize their merits.

A writer in the MEDICAL AND SURGICAL REPORTER, of Philadelphia, of recent date, in reply to an article of mine on the *Maternal Longings and their Influence on the Fœtus in Utero*, proposes the question why no more women, in this condition, have children marked by these longings or strange frights than are really purported to be, since pregnant women are always longing for something unattainable, and are forever on the watch, like a shying horse, for something to get frightened at. The question must be met by others of equal profundity and of equal uncertainty of expression. Why are we not all affected alike by the same strange sights of this world and the same profound mysteries of the hereafter? While some of us are moved to tears and repentance, and to an acceptance of the Messiah of the past and future, others remain stoical throughout, neither believing nor receiving, though the world goes down in darkness before them. Why are we not all impressed alike by the same moral emotions, by the same physical and psychical evolutions constantly going on in our midst? Why are we not all stricken down by the same epidemic, though living under the same roof and under the same hygienic conditions of our brother, who is taken? To say that it is a matter of constitution; of birth, education, habits, various circumstances and conditions of life found in one and not in the other, attainable by one and not by the other; of the relative rates of nerve force and nerve resistance, is to admit the truth of our arguments and the eternal laws of nature made and provided for us all."

Peabody, Kansas. CHAS. H. MILLER, M.D.

Pow-wow Doctors.

ED. MED. AND SURG. REPORTER:—

In your issue of August 20th appeared a note relative to *Pow wow Doctors*. A few weeks ago I happened to visit the "office" of the one presumably referred to.

I had spent the morning in Carpenterville, New Jersey, and during the afternoon rowed across the Delaware to a country tavern situated immediately opposite. I went over for dinner, but finding that the rural arrangement of meal times had put that out of the question by three hours already, I had nothing to do but wait for the "family supper," which was served at five o'clock.

Fresh from reading what sanitarians say about the healthfulness of country homes, I was greatly surprised to find the majority of the guests in apparently very feeble health. Perhaps my astonishment was noticed by the buxom landlady; for at the supper table she undertook to explain that "the folks here is pretty sickly looking since as most of them comes to see the sailor doctor. That there room's his office." The sanctum of this celebrity was a small room, bookless, of course, but well littered with aromatic herbs, which gave forth a heavy, almost sickening, fragrance.

As soon as the conversation was started, every guest had his or her contribution to make toward the narrative of wonderful cures, "after all the old school doctors couldn't help her," wrought by the sailor doctor, and his silent partner, the new moon.

I should have much enjoyed meeting so distinguished a personage; but, unfortunately, he was not at home, and his reason for absence was hinted at with so many ambiguous winks and shrugs that I concluded the most likely explanation was that he had gone to settle up his last month's business with his lunar partner. Deprived of the presence of the master, I tried to ingratiate myself with the disciples. Nearly all of them were women, and, for the most part, sufferers from nervous diseases.

Some had come from the neighborhood of Wilkesbarre, and I was informed that it was not unusual for invalids to travel from places as distant as Harrisburg and Lancaster. All expressed unbounded confidence in the powers of the mysterious healer; but they were cautious about unveiling to my profane gaze, the methods of his treatment.

I learned, however, that he takes his patients out for promenades in the moonlight. (Item—That seems a popular treatment with women, even when in the bloom of health.) He also,

gives medicines "harmless, made altogether of herbs."

One poor girl, a melancholy epileptic, who, after suffering much at the hands of sundry irregular doctors, had come a long way to this shrine of superstition, was more communicative than the rest. She told me that the doctor was giving her a great deal of medicine, and her fits were now less violent and frequent. The "herb" administered in this case was described as a white, grainy powder, with a salty taste. An eruption of acne was beginning to appear on her face. From her description of the size of the doses, I presume she was taking two or three drachms of bromide of potassium daily. This sailor doctor makes, it is said, a great deal of money. Probably, his mummeries are simply a cloak to hide the hand of some sharp, but rascally physician, who, in reality, directs the treatment, and pockets the moon's share of the swag.

Philadelphia. JAMES W. WALK, M.D.

NEWS AND MISCELLANY.

The Yellow Fever.

The National Board of Health announces that vessels on which cases of yellow fever have recently occurred are constantly leaving the port of Havana and other infected ports, for ports in the United States, without the bill of health required by the statute.

All our southern ports, especially, are greatly exposed in consequence of this failure to comply with the law, and quarantine and other health officers are urgently requested to exercise the utmost vigilance in regard to vessels from all ports within the yellow fever region. It is known, too, that smallpox exists in epidemic form, at many of the ports now infected with yellow fever, and to guard the people against the possible ravages of one or both of these dread diseases will require the most careful and determined efforts of health and quarantine officers in each of our southern ports. All vessels, therefore, from ports liable to infectious or contagious diseases, especially those in which yellow fever prevails, or is likely to occur, should be subjected to the most rigid examination, and be regarded as suspected vessels, unless provided with the bill of health, showing a strict compliance with all the requirements of our law.

It is announced officially by the health authorities at New Orleans, that there has not been a single case of yellow fever in that city this year, nor any case nearer than the Ship Island Quarantine Station. That accounts for New Orleans being so forgotten, of late.

Something Curious About It.

It is a little curious, come to think about it, that all the best surgeons in the country are now editing New York papers.—*Boston Transcript.*

Doctors and the Death Rate.

A Boston paper observes: "There are fourteen hundred doctors in Philadelphia, and the Ledger publishes the longest list of deaths of any paper in the whole country; but, of course, there is no connection between these two facts."

Items.

—Dr. Bliss is quoted as saying that he regards the conduct of Dr. Hammond, of New York, in commenting upon the President's case, as "unprofessional, ungentlemanly, and indecent." Let us hear Dr. Bliss' opinion of Dr. Bliss' treatment of Dr. Baxter, for years the President's personal physician, whom Dr. Bliss refused to allow even to see the patient.

OBITUARY NOTICE.

—C. C. Rogers, M.D., aged 50, of N. Troy, Vt., died, August 18, from softening of the brain. Dr. Rogers has been prominent in local politics, had been a member of the legislature, and has held many offices of importance in the State.

QUERIES AND REPLIES.

Dr. N L. F., of N. H.—Stertor or stertorous breathing is a term applied to that deep snoring caused by relaxation of the velum palati, the result of cerebral oppression, which accompanies apoplexy, fracture of the skull, dead drunkenness or narcotism by opium, while by the term snoring is usually understood the same sound, only less intense, which occurs when sleeping with the mouth open. The sound is produced (Flint) by vibration and a sort of flapping of the velum pendulum palati, between the two currents of air from the mouth and nose, together with a vibration in the column of air itself.

Dr. T. S. P., of Cal.—The full proceedings and transactions of the International Medical Congress will appear in a massive volume, expected to cost twenty thousand dollars or so, plates and all. Probably, it cannot be ready before spring.

Dr. J. A. F., of Pa.—Actual graduates of the Eclectic College of this city, before 1872, can be registered in this State. Later graduates have no legal standing.

Dr. S. R., of Ga.—It is impossible to decide on the relative merits of the cinchona alkaloids and mixtures. The claims put forward for the mixture you speak of, manufactured by a firm in this city, we have but limited confidence in.

Dr. Winters.—We do not recommend using bovine virus in summer, short of an absolute necessity, as a temperature above 70° is apt to deteriorate it rapidly.

MARRIAGES.

ANDERSON—PAYNTER.—On the evening of July 4th, in the Belmont M. E. Church, N. W. corner Forty-third and Aspen streets, West Philadelphia, by Rev. C. C. McLean, Daniel M. Anderson, M.D., and Miss Emma M. Paynter, all of this city.

SMITH—MORROW.—In Martinsburg, Pa., at St. John's Reformed Church, on Tuesday, July 5th by the Rev. J. D. Miller, assisted by the Rev. J. C. Thomson, Dr. Horace R. Smith, under appointment as Medical Missionary to China, and Annie L., daughter of James Morrow.

DEATHS.

HENDRIE.—On Sunday, July 10th, at his residence, in Holmesburg, Dr. W. Scott Hendrie.

RICHARDSON.—In Brooklyn, on Sunday, August 14th, Dr. Edward T. Richardson, aged sixty-seven years.